

Registered at the G.P.O., Melbourne, for transmission by post  
as a newspaper

MEMBER AUDIT BUREAU OF CIRCULATIONS

THE AUSTRALASIAN  
JOURNAL OF



PHARMACY

The Official Journal of the  
Associated Pharmaceutical Organisations  
of Australia

Official Journal of the  
Pharmaceutical Society of  
New Zealand

March 30, 1960 New Series: Vol. 41, No. 483—Old Series: Vol. LXXV. No. 891



WINTER 1960

“COTHERA”

BRAND OF DIMETHOXANATE  
HYDROCHLORIDE

SYRUP

**ACTS:**

- **SELECTIVELY**—to subdue but not abolish the cough reflex.
- **SAFELY**—non-narcotic. Non-constipating. No toxicity reported.
- **SWIFTLY**—acts within minutes . . . lasts for hours, often providing nightlong relief with a single dose.
- **SURELY**—preferred to dihydrocodeinone by 4 out of 5 patients.\*

Delicious cherry-flavoured syrup.

May be taken undiluted or mixed with milk.

TO CONTROL THE COUGH in measles, whooping cough, other children's diseases, the common cold.

\* Klein, B.: *Antibiotic Med.* 5:462 (July) 1958

Supplied: No. 934—25 mg. per 5 cc. (tsp), bottles of 4 and 16 fluid ounces.

This product is being actively detailed to the medical profession throughout Australia



AYERST LABORATORIES  
PARRAMATTA N. S. W.



**Recapture  
those magical  
moments  
on "Colourmatic"...  
at the price of  
most manual  
slide projectors**



*Hi-lyte Colourmatic  
Slide Projector*

**£32/10/-**

*Complete with magazine*



*Hi-lyte Colour  
Slide Projector*

**£26/10/-**



**BELL & HOWELL** COLOUR SLIDE PROJECTORS

*finer products through imagination*  
Available from all leading photographic suppliers

"Is that me?" She'd almost forgotten. Now she's re-living one of the most amusing and happy incidents of her life . . . in a scene made big, bright and beautiful by the Bell and Howell Colourmatic slide projector! Nothing is lost with the Bell and Howell. Details stand out as large as life with true-to-the-slide colour. And it's excitingly automatic. At the twist of a knob each slide is advanced into position . . . projected and re-filed automatically. Bell and Howell projectors are just packed with exciting differences, such as high intensity lighting, unique air-column cooling to prevent slide popping, the world's finest colour corrected lenses . . . and are quick to set up, simple to operate. And now the thrilling-to-own Colourmatic projector costs less . . . less even than most manual projectors. Recapture those memorable moments . . . with Bell and Howell.

Also available: Bell and Howell Headliner Semimatic £39/17/6 and Headliner Manual model £29/15/- both in de luxe carrying cases.



# THE AUSTRALASIAN JOURNAL OF PHARMACY

## BOARD OF DIRECTORS:

N. C. Cassar (Chairman).  
H. F. Clarke.  
R. I. Cohen.  
Walter C. Cotterell.  
W. R. Cutler.  
R. S. F. Greig.  
K. H. Jenkins.

## BOARDS OF MANAGEMENT:

### New Zealand:

H. F. Clarke, Wellington.  
E. W. J. Johnson, Otorohanga.  
C. N. Bell, Green Island.  
Eric Dash, Christchurch.

### Victoria:

H. A. Braithwaite.  
N. C. Cassar.  
Eric Scott.

### New South Wales:

H. D. B. Cox.  
W. R. Cutler.  
L. W. Smith.

### Queensland:

R. S. F. Greig.  
R. V. S. Martin.  
A. M. McFarlane.

### South Australia:

Walter C. Cotterell.  
D. Finlayson.  
K. S. Porter.

### Western Australia:

R. I. Cohen.  
G. H. Dallimore.  
F. W. Avenell.

### Tasmania:

J. H. Gould.  
F. T. Holmes.  
K. H. Jenkins.

## EDITORIAL:

### Editor:

F. C. KENT, B.Com.

### Manager and Associate Editor:

T. G. ALLEN, Dip. Com.,  
A.A.S.A., L.S.W.

### Science Section Edited by:

A. T. S. SISSONIS, B.Sc.,  
F.I.C., F.P.S.

With which is incorporated

"The Chemist and Druggist and Pharmacist of Australia"

Published on the 30th of each month by

The Australasian Pharmaceutical Publishing Co. Ltd.

Registered office, 18-22 Saint Francis Street, Melbourne.

Telephones: FJ 5161 (Editorial) and FB 3774 (Advertising and Accounts).

Subscription: Within British Commonwealth, £2 p.a.; other addresses, £2/10/- plus 10/- surcharge for overseas postage.

Single Copies: Within Australia, 3/6; overseas, 5/- (including additional postage).

## CONTENTS

MARCH, 1960

	Page
● Editorial . . . . .	201
● Science Section . . . . .	202
● The National Health Act 1953-59 . . . . .	215
● The Intervention of the Government in Patient-Doctor Relationships . . . . .	220
● Pharmacy and Pharmaceutical Education in South Africa, The United Kingdom and South Australia . . . . .	226
● Prescription Proprietaries and New Drugs . . . . .	233
● Women's Section . . . . .	234
● The Right Appeal of the "Retail Trader" . . . . .	237
● New Books . . . . .	239
● Readers' Views . . . . .	247
● Overseas News . . . . .	248
● Trade Notes . . . . .	257
● Student Activities . . . . .	261
● News and Reports—	
Queensland . . . . .	265
New Zealand . . . . .	262 and 270
South Australia . . . . .	273
Western Australia . . . . .	282
Tasmania . . . . .	284
New South Wales . . . . .	290
Victoria . . . . .	298

## ADVERTISEMENT REPRESENTATIVES:

THE AUSTRALIAN TRADE PRESS AGENCY (Mr. H. A. Maskensiel), 4a Bloomsbury Square, London, W.C.1. ('Phone: HOLborn 3779.)  
SYDNEY: EDGAR SMITHERS, 48 Alfred St., Milton's Point. ('Phone XB 7958.)  
G. V. BOYD, Suite 12, Fourth Floor, Temple Court, 422 Collins St., Melbourne. ('Phone: MY 1248.)

## OFFICIAL ANNOUNCEMENTS

### THE PHARMACY BOARD OF VICTORIA

#### EXAMINATION DATES 1960

The following dates for examinations in 1960 have been fixed by the Board:

Intermediate Examination—November 1.

Intermediate Examination (Botany)—June 9.

Final Examinations—April 4, November 15.

The above are dates for commencement of the examinations.

Entries for all examinations close twenty-one days before the date of examination.

Further details are available from the office of the Board.

F. C. KENT,  
Registrar.

### PHARMACY BOARD OF NEW SOUTH WALES

Watch this column for advice concerning  
the next Qualifying Examination.

P. E. COSGRAVE,

Registrar,

Pharmacy Board of N.S.W.,  
52 Bridge Street,  
SYDNEY.

## INDEX TO ADVERTISERS

	Page		Page
Abbott Laboratories Pty. Ltd. . . . .	Supplement iv	Ingram & Son Ltd., J. G. . .	309
Amalgamated Insurances Ltd. . . . .	3	Johnson & Johnson Pty. Ltd. . . . .	271
Amolin Laboratories . . . .	302	Jorgens. S., Industries (Aust.) Pty. Ltd. . . . .	15
Andrews Laboratories Pty. Ltd. . . . .	250	Kimpton Bros. Ltd. . . . .	300
Andrex Pty. Ltd. . . . .	287	Kodak (A'asia) Pty. Ltd. . .	231
Arnold Co. Pty. Ltd., G. . .	23	Langdon & Co. Pty. Ltd. H. J. . . . .	306
Ayerst Laboratories Pty. Ltd. . . . .	Cover 1	Levenson Scale Co. Pty. Ltd. . . . .	23
Ayrton, Saunders & Co. Ltd. . . . .	5	Lincoln Engineering Industries . . . . .	249
Barker & Son Ltd., Robert . .	3	Macfarlan & Co. Ltd., J. F. . .	286
Beckers Pty. Ltd. . . . .	278	Martin & Co. (Surgical) Ltd. . .	275
Bleakley Photographics Pty. Ltd. . . . .	236	McDonald Pty. Ltd., Charles . .	241
Boston Shopfittings Pty. Ltd. . . . .	276	Meares Bros. Pty. Ltd. . . . .	294
British Drug Houses (Aust.) Pty. Ltd., The . . . . .	6	Merck, Sharp & Dohme Pty. Ltd. . . . .	17
British Medical Laboratories Pty. Ltd. . . . .	232	Merrell Pty. Ltd., Wm. S. . . .	213
Burroughs Wellcome & Co. (Aust.) Ltd. . . . .	Cover 4	National Brush Co. (Aust.) Ltd. . . . .	242
Cambridge Laboratories . . .	303	Nicholas Pty. Ltd. . . . .	12, 263
Charles Agencies . . . . .	308	Official Announcements . . .	2
Chartres Ltd. . . . .	30	Orbit Chemicals . . . . .	280, 281
Chemists' Account Service . .	295	Ortho Pharmaceutical Co. . . .	224
Classified Advertisements . .	219	Parke, Davis & Co. Ltd. . . .	Cover 3
Commonwealth Drug Co. . . .	283	Pearce & Co. Pty. Ltd., Wm. . . . .	292
Commonwealth Serum Laboratories . . . . .	218	Pfizer Pty. Ltd., Supplement ii	
Colonial Sugar Refining Co. Ltd. . . . .	285	Pharmaceutical Defence Ltd. . .	289
Colgate-Palmolive Pty. Ltd. .	272	Pharmaceutical Society of S.A. . . . .	279
Cox Flindlayson & Co. Ltd. . .	245	Plastic Price Ticket Co. (Aust.) Pty. Ltd. . . . .	276
Creighton, R. M., Pty. Ltd. . .	268	P.P. Guide . . . . .	238
Crown White Coats Pty. Ltd. . . . .	304	Ransom & Son Ltd., Wm. . . .	227
David G. Bull Laboratory . . .	260	Riley-Williams Pty. Ltd. . . .	246
Delany & Co., William . . . .	3	Rocke Tompsitt & Co. Ltd. . .	286
De Vanta Chemical Co. . . . .	24	Rotary Tableting Corporation Pty. Ltd. . . . .	235
De Witt & Co. (Aust.) Pty. Ltd. . . . .	16	Roussel Laboratories Ltd. . . .	214
D.H.A. (N.S.W.) Pty. Ltd., Supplement 1		Sanax Co., The . . . . .	305
D.H.A. (Q'land) Pty. Ltd. . .	4	Searle Co. Ltd., G. D. . . . .	7
D.H.A. (Victoria) Pty. Ltd. .	228	Sigma Company Limited . . . .	223
Distillers Co. (Biochemicals) Ltd., The . . . . .	10, 11, 13, 297	Silktext Pty. Ltd. . . . .	296
Dormay Co. Pty. Ltd. . . . .	289	Sixteen Millimetre Aust. Pty. Ltd. . . . .	Cover 2
Edinburgh Laboratories . . .	21	Smith Ltd., T. & H., Supplement iii	
Ezi Change Signs . . . . .	295	Sterling Pharmaceuticals Pty. Ltd. . . . .	210
Faulding & Co. Ltd., F. H. . .	264	Toppin & Sons Pty. Ltd., R. D. . . . .	250
Fawns & McAllan . . . . .	255	Towns, R., & Co. . . . .	292
Glaxo Laboratories (Aust.) Pty. Ltd. . . . .	8	Trade Press Pty. Ltd. . . . .	23
G.P. Pty. Ltd. . . . .	307	University of Queensland . . .	279
Greenhaigh's Pty. Ltd. . . .	24	Vincent Chemical Co. Pty. Ltd. . . . .	18
Gregory Steel Products Pty. Ltd. . . . .	292	Wander Ltd., A. . . . .	291
Group Laboratories (Aust.) Pty. Ltd. . . . .	19	Warner & Co. Pty. Ltd., W. . .	299
Hamilton Laboratories Limited . . . . .	278	Winthrop Laboratories . . . .	209
Harmour & Heath Pty. Ltd. . .	305	Woods Ltd., W. E. . . . .	300
Heinz Co. Pty. Ltd., H. J. . .	280	Wormald Bros. Industries . . .	22
H.M.G. Drugs Pty. Ltd. . . .	297	Wrigley's (Aust.) Pty. Ltd. . .	14
Iford (Aust.) Pty. Ltd. . . . .	272	Yardley of London (Aust.) Pty. Ltd. . . . .	9
Imperial Chemical Industries of A. & N.Z. Ltd. . .	217	York & Co. Pty. Ltd., H. . . .	256
		Zeal Ltd., G. H. . . . .	22

## INSURANCE . . . A VITAL NECESSITY

ALL CHEMISTS' REQUIREMENTS  
RECEIVE PROMPT ATTENTION AT  
**MELBOURNE FIRE OFFICE LTD.**

400 Collins St., Melbourne.  
49 St. George's Terrace, Perth.

**SYDNEY FIRE OFFICE LTD.**

9-11 Hunter St., Sydney.

**ADELAIDE FIRE OFFICE**

81 Currie St., Adelaide (Merged in The London  
and Lancashire Insurance Co. Limited).

**BRISBANE FIRE OFFICE**

Creek St., Brisbane (Merged in The London and  
Lancashire Insurance Co. Limited).

**ALL P.D.L. Chemists' Indemnity  
Insurance is written by these Offices,  
which also handle all classes of  
General Insurances.**

These offices together comprise  
**AMALGAMATED INSURANCE (AUST.) LTD.**  
Directors: E. W. Bralthwaite (P.D.L.), H. D. B. Cox  
(P.D.L.), W. Moffat, and Sir George Wales (Chairman).

ESTABLISHED 1793

**ATKINSON & BARKER'S**  
**INFANTS'**  
**CORRECTIVE CORDIAL**

★

THE INFANTS' MEDICINE  
of 150 YEARS' STANDING

★

FOR TEETHING AND  
DIGESTIVE TROUBLES

★

Manufacturers:

**ROBERT BARKER & SON LTD.**  
13 Alistair Street, Manchester 1, England

Telephones: BX 5601-2-3

**WILLIAM DELANY & COY**  
WHOLESALE DRUGGISTS      CHEMISTS' SUNDRYMEN

30-32 MARKET STREET, SYDNEY

Importers, Indentors, Distributors  
of

Fine Chemicals, Chemists' Sundries, Patent Medicines  
Toilet and Perfumery Preparations of Leading Makers  
Agency with stocks A.B. Tonic Wine

ENQUIRIES SOLICITED

**YOU CAN RECOMMEND  
WITH CONFIDENCE . . .**

# **D·H·A SUPPRESSANT COUGH LINCTUS**



D.H.A. Suppressant Cough Linctus relieves coughing instantly and allows you to breathe freely again, by suppressing the spasm reflex at the cough control centre, thus clearing the breathing organs. As well as Suppressant Cough Linctus, the D.H.A. range of reliable Family Medicines includes D.H.A. Bronchitis Balsam, D.H.A. Whooping Cough Balsam, D.H.A. Influenza Mixture, D.H.A. Baby Cough Syrup, D.H.A. Phosco and D.H.A. Herpex Cold Sore Lotion.



**Sold by  
CHEMISTS  
ONLY**





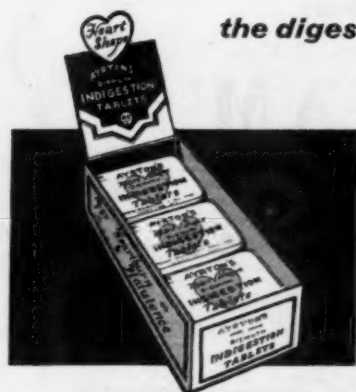


*...all promote the popular demand for*

**Ayrtons**  **HEART SHAPE**

## **INDIGESTION TABLETS**

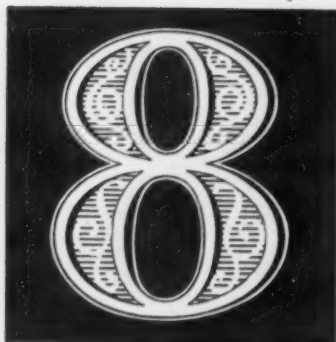
*the digestive tablet with the sweetmeat flavour*



### **FROM THE FOLLOWING AGENTS**

- J. McGLOIN PTY. LTD., 65 Church St., Hawthorn, E. 2. MELBOURNE. Phone: WA 1231
- J. McGLOIN PTY. LTD., 38 Hutchinson Street, Surry Hills, SYDNEY. Phone: FA 1154
- J. McGLOIN PTY. LTD., 20 Clifton Street, Prospect, S.A. Phone: ML 6824
- D. MACLEAN PTY. LTD., Maclean's Building, 119-121, Charlotte Street, BRISBANE.
- W. J. CLAYDEN & CARPENTER LTD., Maclarens Building, 144 William Street, PERTH.

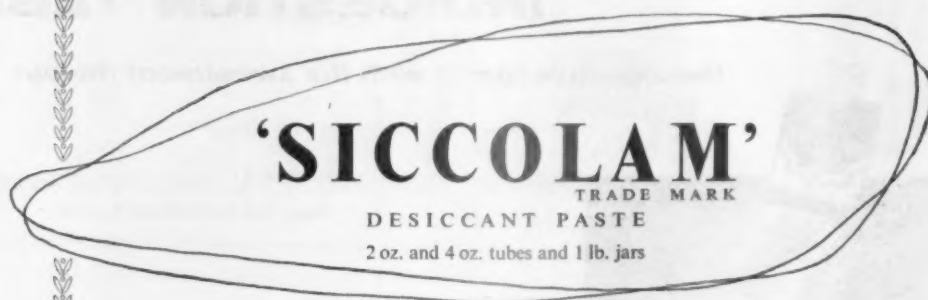
**MADE BY** **Ayrtons** **OF LIVERPOOL ENGLAND**



## ADVANTAGES OF 'SICCOLAM'

### THE B.D.H. DESICCANT PASTE

- ★ Active in all inflammatory dermatoses
- ★ Effects immediate adsorption of fluid exudate
- ★ Causes rapid relief of inflammation and pruritis
- ★ Active in both acute and chronic conditions
- ★ Can be used in conditions in which the use of fatty preparations are contra-indicated
- ★ Completely innocuous; there are no contra-indications to its use
- ★ Simple and cleanly in use
- ★ Dries rapidly



THE BRITISH DRUG HOUSES (AUSTRALIA, PTY.) LTD.  
250 PITT STREET SYDNEY

Associated Companies in: LONDON • TORONTO • BOMBAY • JOHANNESBURG • AUCKLAND

Sic/Aus/547



**That gnawing ache...**

The pain brought on by peptic

ulcer is quickly relieved by Pro-Banthine—

*pre-eminent in this field*

**Pro-Banthine**

Distributed by D.H.A. Houses throughout Australia.

**SEARLE**

HIGH WYCOMBE, ENGLAND.

PS: P29

The Australasian JOURNAL OF PHARMACY, March 30, 1960

(Advertisement)

7

*Announcing . . .*

## **NEW PRODUCTS**

**ADEXOLIN LIQUID CONCENTRATE 1 fl. oz.**

*N.H.S. Item 926*

Concentrated solution of vitamins A and D (B.P.)

**BERIN '50' 10 ml.**

*N.H.S. Item 32*

Injection of vitamin B<sub>1</sub> (B.P.) containing 50 mg. aneurine hydrochloride per ml.

**BERIN '100' 10 ml.**

*N.H.S. Item 32*

Injection of vitamin B<sub>1</sub> (B.P.) containing 100 mg. aneurine hydrochloride per ml.

**CRYSTAPEN G TABLETS 125 mg. 25**

*N.H.S. Item 592*

Tablets containing 125 mg. (200,000 U.) benzyl penicillin.

**CRYSTAPEN G TABLETS 250 mg. 25**

*N.H.S. Item 592*

Tablets containing 250 mg. (400,000 U.) benzyl penicillin.

**EFCORTELAN 1.5 per cent. with NEOMYCIN OINTMENT**

*N.H.S. Item 388*

Ointment of hydrocortisone 1.5% with neomycin sulphate 0.5%.

**GLAXO LABORATORIES (AUST.) PTY. LTD.**

*Melbourne*



# Announcing *Clearskin*

The special Teenage product created by **YARDLEY...**



**CLEARSKIN** is the answer to the problem of distressing blemishes normally associated with adolescence. This new greaseless cream contains purifying ingredients, and if applied to affected areas after thorough washing at night, sponged off in the morning, it will gently clear pimples and blackheads. Regular treatment benefits even severe cases. You can recommend Clearskin with confidence for all teenage skin conditions.

*Clearskin comes in a handsome new style tube and initial supplies will be in attractive counter display units of six. Minimum reordering quantities, three.*

*Retail price, inc. tax, 12/6 per tube.*



**CLEARSKIN** is being promoted through the Yardley Teenage Club and will be advertised in Australian Women's Weekly in April.

YARDLEY • LONDON • SYDNEY • PARIS • NEW YORK

# the short way to say hydrochlorothiazide is simply

On more and more prescriptions doctors are writing 'Direma'

. . . it's the name they *remember* for today's most potent

oral diuretic . . . and it's the name which ensures that

the DC(B)L brand of hydrochlorothiazide will be dispensed.

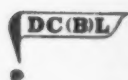
Please notice, too, that 'Direma' can be dispensed on

all *open* prescriptions for hydrochlorothiazide.

SOLE IMPORTER

**THE BRITISH DRUG HOUSES (Australia, Pty.) LTD.,** 250 Pitt Street, Sydney.

*Manufactured in England by*



**THE DISTILLERS COMPANY (Blochemicals) LIMITED**

LONDON AND LIVERPOOL

Owners of the trade mark 'Direma'

# 'DIUREMA'

TRADE MARK

- \* Easily written
- \* Easily remembered
- \* Easily the most efficient of the oral diuretics

**TABLETS (25mg.)**

**BOTTLES OF 50 AND 500**

**TABLETS (50 mg.)**

**BOTTLES OF 50 AND 500**

PP013/88A

# Winter profits will rise in leaps and bounds

WITH THIS GREATER THAN EVER

# 'AKTA-VITE'

TRADE MARK

## CAMPAIGN

'AKTA-VITE' is powerfully promoted all through winter in Australian Women's Weekly and in your pharmacy by dominating point of sale displays.

What a lively theme — gains immediate attention and tells the 'AKTA-VITE' story at a glance . . . lively family bounding with health. This theme appears often, backed by the straight conviction of the 'AKTA-VITE' vitamin story, in Australian Women's Weekly. This magazine can do a superb initial selling job for you with its huge circulation, high readership. Turn the interest these ads will gain to sales. Display and recommend 'AKTA-VITE'. Healthy winter profits for you!

## 'AKTA-VITE'

*Remember — all your customers are potential users of 'AKTA-VITE'. Make sure they know about it! Order 'AKTA-VITE' in your next £25 parcel of Nicholas Ethicals.*

A Nicholas

# N

Product

**NICHOLAS PROPRIETARY LIMITED**

MELBOURNE, SYDNEY, BRISBANE, ADELAIDE, PERTH

ESTD/343



# Self-Medication

**S**HOULD people medicate their own bodies only when qualified medical men tell them to? Or should they sometimes medicate themselves?

As national prosperity increases so does the degree of medical enlightenment of the public. So, it seems, does self-medication.

Is this a good thing? Or are the public simply jumping from want to want?

Undoubtedly excess of self-medication could become a social problem, if extended to the amphetamines or the barbiturates; or it could become a national tragedy if extended to the antibiotics or morphine.

Some people take no drugs. Others lean unnecessarily yet eternally on a bottle of medicine.

Most of us come somewhere between these extremes. We take an analgesic for an occasional toothache or headache. We soothe an occasional itch. We take an occasional tonic or sedative.

Can we do without self-medication completely? Should we aim at this as a desirable national ideal?

## Treatment and Guidance

Self-medication sometimes arises from pure tradition. Much more commonly it arises from guidance by a doctor, a chemist, an advertisement, a relative, or a friend.

Medical treatment, in its broadest sense, does not all occur in the hospital. Neither does it all occur in the physician's consulting room.

The bulk of medical treatment is mildly preventive or harmlessly palliative. Although the dangers of over-enthusiastic intervention are admitted, a germicide for a scratch is an important public health measure while an emollient for chapped lips is comforting and certainly does not warrant a fuss.

Such treatment is often sought from the chemist in British communities.

If one distinguishes between medical treatment and medical guidance, then the chemist is also frequently placed in the position of assuaging fears with common sense. Would this perhaps be the commonest form of all medical treatment?

The physicians see tens of patients, and the chemist, hundreds of customers, per day. The physician does not want the patients with scratches and chapped lips. Such an avalanche of patients would sidetrack him from the truly sick, and would foster a community of psychoneurotics.

## Habituation

One of the problems of self-medication is habituation. Habit occurs in all aspects of life. It occurs with many so-called "uncontrolled" drugs. Because of the present rigid control of drugs—about half the drugs ordered on prescription are controlled—most drug habit is harmless. However, "drug habit" has an unpleasant overtone. It suggests addiction and is without the gregariousness of some other common and harmless habits.

Probably most habits are an indication of some personality deficiency. Chemists do not like habits condemned out of hand by quoting isolated and particular instances. They do not like habituation confused with addiction.

## Inevitable

Much self-medication seems inevitable and, indeed, desirable to make our present health system work.

The diabetic must have his insulin without inconvenience. The asthmatic needs his Adrenaline. Both these substances are really dangerous to life. They are both used for self-medication. They are never, as far as is known, used without some initial degree of competent supervision. As far as we know they do not kill people.

There is a good case for the dyspeptic patient having drugs from Bicarbonate of Soda upwards in potency, provided this is not inimical to the public interest.

Similarly the tonic and the sedative have an important place in the needs of modern man.

Pharmacy feels that its job is to make drugs available, not to precipitately restrict them. Aperients, throat tablets, travel sickness aids, topical germicides, insecticides, emollients, and cough mixtures have an important place in overall medical treatment. All our laws are designed to make them freely available without hardship or harshness.

Unlimited and uncontrolled self-medication could be disastrous. It is therefore necessary that the distribution of potentially dangerous medicaments should be controlled. This is done mostly in legislation dealing with poisons and narcotic drugs in this and other countries. Substances, which are capable of causing injury if improperly used, or used without adequate medical supervision are, under these laws, obtainable legally only on prescription.

It is interesting to note that in Great Britain the whole question of the control of the distribution of medicines is under consideration. An Interdepartmental Working Party on legislation concerning medicines has been set up to examine the situation. The desirability of some form of co-ordination or consolidation appears to be necessary from the fact that at least twelve different Acts dealing with the supply of medicines and related matters. These Acts are: The Venereal Disease Act, The Pharmacy and Poisons Act, The Cancer Act, The Pharmacy and Medicines Act, The National Health Service Act, The National Health Service (Scotland) Act, The Radioactive Substances Act, The Dangerous Drugs Act, The Food and Drugs Act, The Food and Drugs (Scotland) Act, The Therapeutic Substances Act, The Medical Act.

It will be interesting to learn the result of the inquiry by the Working Party.

The public is capable of protection up to a certain point, but must be safeguarded against the dangers of possible addiction or habituation, or injury from wrong dosage, from drugs and medicines presenting special hazards of this nature.

Enlightened self-medication is inevitable, and the pharmacists' discretion has never been anything but a considerable part of this enlightenment.

# SCIENCE SECTION



EDITED BY A. T. S. SISSONS, B.Sc. F.P.S.

## ARTICLES

- Drug Addiction
- Stability of Microbiological Products
- Penicillinase
- Reducing Staphylococcal Cross Infection
- Drug Stability: Zurich Symposium
- A Plethora of Drugs
- History of Chloroform
- Thinking in Numbers
- Leeches and Leech Jars
- Modern Drugs and Life Assurance
- The Ian Clunies Ross Animal Research Laboratory
- The Cephalosporins
- Drugs for Depression

## DRUG ADDICTION

### Interim Report (Great Britain)

In the most recent number of the *Pharmaceutical Journal* to hand (January 23, 1960), the following report appeared on the interim report of the Inter-departmental Committee on Drug Addiction:

The main recommendation in the report was announced by the Minister of Health on December 7. It was that in general any drug or pharmaceutical preparation which has any action on the central nervous system and is liable to produce physical or psychological deterioration should be confined to supply on prescription. "We further recommend that an independent expert body shall be responsible for advising which substances shall be so controlled." It was also announced in Parliament that the Home Secretary was asking the Poisons Board to advise him which substances should be limited to supply on prescription under the Pharmacy and Poisons Act 1933. The Minister of Health stated that he thought that the independent expert body should be the Poisons Board, which was the responsibility of the Home Secretary.

The interim report says that the Committee has paid attention generally to the subject of drug addiction in the United Kingdom, and is continuing to do so, but in view of the special requests made to it since its appointment it has made close examination, first, of drugs like carbromal and bromvaletone, which had an effect on the central nervous system but which were not appropriate for control under the Dangerous Drugs Act 1951, and secondly, of the incidence and consequences of anaesthetists becoming addicted to the gases and vapours which they employed. It was on these two topics that it had formulated an interim report.

On the subject of carbromal and bromvaletone the Committee states that these drugs have attracted considerable publicity. One reason for this had been that they were components of certain proprietary preparations which had been extensively advertised to the public with the claim that they would relieve a number of mild, yet ill-defined, nervous disorders besetting the population at large. Moreover, they could be purchased by the public without a medical prescription. In its deliberations in this respect the Committee had con-

sidered information given to the Poisons Board concerning these two drugs, which was placed at the Committee's disposal, and it had also taken into account the opinions of various bodies it had consulted. From the data assembled it was clear that carbromal and bromvaletone, in the form of certain proprietary preparations, had been widely used by the public, largely without medical guidance. Cases of habituation arising in this way had been numerically very few, but individually serious. What had become at once obvious to the Committee was that carbromal and bromvaletone were merely two examples among various drugs at present on sale to the public without restraint, the injudicious use of which might nevertheless be attended by dangers both to the individual and to the community. At the same time their properties were such that they did not qualify for control under the Dangerous Drugs Act 1951 or the Therapeutic Substances Act 1956, and the Poisons Board had so far felt unable to recommend them as poisons for control under the Pharmacy and Poisons Act 1933. Accordingly, the Committee recommended that in general any drug or pharmaceutical preparation which had an action on the central nervous system and was liable to produce physical or psychological deterioration should be confined to supply on prescription. The Committee further recommended that an independent expert body should be responsible for advising which substances should be so controlled.

On the subject of addiction to anaesthetic gases the Committee says that the responsibility for dealing with this irregularity rests in the first instance with the anaesthetist's professional colleagues. The Committee realised that this raised ethical questions which, it understood, were being discussed between the Ministers and the representatives of the medical profession. It seemed to the Committee, nevertheless, that any arrangements made should provide for immediate action by the surgeon if an anaesthetist appeared to be incapable of carrying out his duties. Further, the Committee considered that an anaesthetist who was proved to be an addict to anaesthetic gases should forthwith be prevented from continuing his specialist practice. Special care should be exercised by employing authorities to satisfy themselves that applicants for anaesthetic appointments were free from any record of such irregularity. In general the Committee thought that the incidence of this irregularity was very small indeed, but in two known instances throughout the country in 11 years patients' lives had been endangered.

## STABILITY OF MICROBIOLOGICAL PRODUCTS

L. J. Davis

Commonwealth Serum Laboratories, Melbourne  
Presented at A.N.Z.A.A.S. Congress, Perth, August, 1959

The scope of this paper is, by title, limited to those biological products which are of direct microbial origin. The agents which fall into this category are the antibiotics, vaccines, toxoids, some diagnostic agents and penicillinase.

In discussing the stability of these products we must, in the first place, review their inherent instabilities. Secondly, we examine the methods adopted for the control of these instabilities during the various processes connected with their production and purification. Finally, we consider the precautions which are essential so as to ensure that full potency is retained right up to the time of their use in the field.

### Inherent Instability of Microbiological Products

While there is not time to discuss the chemical changes involved in the destruction of biologic effect brought about by the various factors to which microbiological products are unstable, one generality may be permitted. That is, the fact that any circumstance which tends to denature proteins will destroy biological activity because many of these products are of protein nature.

The first of these protein denaturants is heat, and heat does not require to be in excess of body heat to be really destructive. For example, poliomyelitis vaccine has a half-life of only one week at 75°F. (25°C.) or two days at 98°F. (37°C.). Not all microbiological products, of course, are of protein nature. For example, penicillin, in the form of its crystalline sodium salt, is stable at temperatures of 120°C. or higher.

At the other end of the temperature scale, freezing can be equally destructive, or perhaps more correctly this should be expressed as freezing and thawing, which are destructive. Freezing, as part of the lyophilisation process, can enhance the stability of some vaccines, but freezing in the usual sense must be regarded as a destructive agent.

Wide variations of pH from the neutral point, whether on the acid or the alkaline side, are further examples of conditions which are destructive of biological activity not only for those products containing protein but also for some forms of the antibiotics.

Ultra-violet light and alcohol are other protein denaturants and enhance inherent instability of most of these products.

Antiseptics are, by name, agents to which all bacteria and viruses are unstable so far as viability is concerned. Nevertheless, some of the antiseptics are used in a controlled manner, for the destruction of the viability of the bacteria or viruses, but with minimal effect on their antigenic components.

The presence of heavy metals even in trace amounts can have a quite drastic effect on the potency of antibiotics and even on the antigenicity of some toxoids and vaccines. A solution of crystalline penicillin is unstable at low temperatures solely on account of changes which are catalysed by the presence of traces of heavy metals. The iron content of the medium used for the production of diphtheria toxin must be chemically defined, lest the yield of toxin be seriously depressed.

Finally, there are some agents which are specifically destructive for certain microbiological products. Perhaps the best example of this is the destruction of penicillin by the enzyme penicillinase.

### Control of Stability During Manufacture

Having thus listed the many inherent instabilities of these products, it will readily be seen that they are

quite ubiquitous, and consequently their control during production and purification poses many problems.

The problem is not always answered by reversing the conditions; for example, the answer to their heat instability is not, at this stage, to keep them cold. The products we seek, whether they be cell constituents, as in a vaccine, or toxic products, as in a toxoid, or products of cell metabolism, as is antibiotics, are all derived from the growth of micro-organisms for which the optimum temperatures is in most cases 35°-37°C. The solution is at best a compromise, and consists of obtaining optimal conditions of medium constitutions, strain selection for rapid growth and end product elaboration, and rigid temperature control.

Among the other protein denaturants, the one which raises most problems during the production stages is pH control. Most micro-organisms require high sugar concentrations in the growth medium, and equally, most of them prefer glucose which they rapidly metabolise to acid, so bringing the pH of the medium down and destroying the end products we are seeking to make. Solutions to this problem are:—(a) The substitution of a carbohydrate which is more slowly metabolised, e.g., lactose in the penicillin fermentation, or maltose in the diphtheria toxin production medium; (b) the intermittent feeding of the sugar to the fermentation, as is sometimes practised in antibiotic producing fermentations; (c) the continuous adjustment of pH by the addition of alkali, as in the growth of *Str. equi* for the preparation of Strangles Vaccine.

The problem of acid destruction of the active biological product is very real in the purification of penicillin, which process is based on several solvent extraction stages, where the transfer of penicillin from the aqueous to the solvent phase takes place only at conditions of high acidity. Massive destruction of the penicillin is minimised by rigid temperature control at 2°C. and severe restriction of the contact time.

Inactivation of a microbiological product in the sense of removal of all viability or toxicity presents no difficulty, but modification of the conditions so as to achieve this, while retaining antigenicity, is a much more difficult problem. For example, polio virus is easily killed by formalin, but for retention of antigenicity the formalin concentration must be minimal. In practice, the conditions of inactivation for the production of a Salk type vaccine depend on a formalin concentration of 1:4000 at a temperature of 36°C. for minimum time consistent with lack of demonstrable viability of the polio virus. The rate of inactivation is directly related to the pH of the inactivating virus fluid within the range of 6-8, being fastest at the upper end of the range. However, the loss of antigenicity is also most rapid at pH 8.0, so a compromise between the two objectives of speed of inactivation and retention of antigenic potency must be made by the selection of a pH at approximately 6.8-7.0.

### Control of Stability During Storage and Distribution

After the preparation of the biological agents there remains the necessity for retention of potency for the maximum possible time. The factors which have most influence here are—the physical state of the product, the use of containers which are free from antagonists for the product contained therein, the freedom from specific antagonists, the freedom from extraneous microbial contamination and the temperature of storage.

In general, the life of microbiological products can be greatly prolonged by lyophilisation. This process has changed the effective life of B.C.G. vaccine from 10 days to 3 months. Similarly, the transport of small-pox vaccine has been made much easier by the use of a lyophilised vaccine.

The introduction of dry crystalline forms of penicillin has removed the necessity for any special temperature storage conditions, and has greatly extended the storage "life."

Destruction of antigenicity by the containers in which the products are dispensed can occur. A simple example is the type of glass used in the ampoules for



Yellow Fever Vaccine, where soda glass is rapidly toxic for the virus. As this is a living attenuated vaccine, the consequences of loss of viability are obvious. Even the rubber caps used for sealing containers can be indirectly toxic, as in the case of Poliomyelitis Vaccine. Here, as in any multidose container, an antiseptic must be added, which is usually thiomersal. Rubber caps often give up traces of copper, which catalyse the breakdown of the thiomersal to form end products which are destructive of the antigenicity of the vaccine.<sup>1</sup>

Freedom of the products from specific antagonists and microbial contaminants are obviously measures which would be observed in any case, but nevertheless they represent further sources of instability.

Control of all these factors is mainly the responsibility of the manufacturer of these products, but there still remains one major factor in the retention of potency, namely, temperature of storage. This is the one factor which the manufacturer cannot control, and unfortunately it sometimes happens that scant attention is paid to it by those responsible for the distribution or use of these products.

On issue from the manufacturer, these products are labelled with a statement of their effective life and the conditions of storage. Usually, these two are linked together by a statement such as: "Potent for one year from date of manufacture if stored at 2°-5°C." This should be universal practice, because, without continuous storage at the proper temperature, a statement of the life is meaningless.

This statement by the manufacturer defines the period during which he can guarantee satisfactory antigenic potency in the case of vaccines or toxoids or the full labelled unitage in the case of antibiotics. It does not mean that no change in potency occurs during that time, since, even under optimum conditions of storage, slow deterioration occurs, but rather that this deterioration will not be such as to reduce the potency below that required for satisfactory biological results.

The British Pharmacopoeia, 1958, defines Date of Manufacture thus: "The expression 'Date of Manufacture' occurring in the Pharmacopoeia means either the date of completion of the biological assay, or the date on which a substance was removed from cold storage after having been kept there continuously at a temperature not exceeding 5°C. for a period not exceeding two years from the time when the biological assay was completed."

This, I submit, is a bad definition.

For example, the conditions of storage for Tetanus Vaccine are "Tetanus Vaccine in simple solution may be expected to retain its potency for at least two years after the date of manufacture when kept under the prescribed conditions." The prescribed conditions as described in the monograph on vaccines are:

"Bacterial Toxoids should be kept at as low a temperature as possible above 0°C. They deteriorate when stored at temperatures approaching 20°C." Does all this mean that Tetanus Toxoid may be considered fully antigenic for only two years, at a temperature not exceeding 5°C., or for four years, the latter two being at some indefinite temperature between 0°C. and 20°C?

Or, to take a vastly different type of vaccine, Typhus Vaccine, whose monograph gives the conditions of storage as: "Typhus Vaccine stored in the dark at 4°C. will retain its potency for at least one year. When stored at a higher temperature it retains its potency for a shorter period. It must not be allowed to freeze." When does this one year commence? Further comment is purely speculative.

Now let us examine the methods used by the National Institutes of Health of the United States Public Health Service for specification of the period of retention of potency. I find the positive definition used in their Minimum Requirements is much to be admired.

As examples, the same two products will be considered. For Tetanus Toxoid the Date of Expiration is given as two years from either the Date of Issue or the Date of Manufacture, if stored between 2° and 10°C.

The Date of Manufacture is defined as the date of last passing a satisfactory potency test, and the Date of Issue is limited to one year from the Date of Manufacture if stored below 5°C., but not frozen. And, as in the case of Typhus Vaccine, the Expiration Date is 18 months after the Date of Issue or Date of Manufacture, which are defined as before.

In conclusion, I would like to discuss the stability of Smallpox Vaccine, the oldest vaccine and yet one in which little improvement in the stability of the type basically used has been made.

The storage conditions in the B.P. Monograph indicate that potency beyond fourteen days can be assured only at temperatures below 0°. It is undoubtedly true that this vaccine, in the form of glycerinated calf lymph, has long-term stability only if stored below 0°C., but a sufficiently potent vaccine, i.e., one containing at least 10<sup>6</sup> P.F.U. per ml., will retain satisfactory immunising potency for at least three months when stored continuously below 5°C.

It is also true that the lack of stability of this vaccine is due mainly to the glycerol. As early as 1908, Green<sup>2</sup> demonstrated important differences in the stability of glycerinated and unglycerinated lymph preparations. We have demonstrated a 90% loss of viability in 2 days at 37° for glycerinated lymph and a similar loss in 14 days at 10°C. A similar unglycerinated preparation in MacIlvaine buffer showed no loss of viability after three months at the same temperature. While the retention of viability at 3°-4° is not affected by the presence or absence of glycerol, such temperatures cannot easily be maintained during transport in the field. So, in the interests of easier distribution of this vaccine in countries such as Australia, modification of the present British Pharmacopoeia requirements, to permit other than glycerinated Smallpox Vaccine, is urgently required.

1. Davisson, E. O., Powell, H. M., MacFarlane, J. D., Hodgson, R., Stone, R. L., and Culbertson, C. G. J. Lab. and Clin. Med., 1956, 47, 8.
2. Green, A. B. J. Hyg., 1908, 8, 525.

## PENICILLINASE

By A. G. Mathews

From the Commonwealth Serum Laboratories,  
Melbourne

Presented to the A.N.Z.A.A.S. Meeting at Perth,  
August, 1959

Penicillinase is an enzyme produced by various species of bacteria, and it has the property of catalysing the destruction of penicillin, by conversion to the inactive product, penicilloic acid. Penicillinase is the only bacterial enzyme included in the British Pharmacopoeia, and its position is unique in another way, in that it is the only bacterial product of any kind included in the Pharmacopoeia as a reagent.

### Laboratory Uses of Penicillinase

Penicillinase features in the Pharmacopoeia as a reagent because of its property of destroying penicillin, which makes it of use in the Pharmacopoeial test for sterility of penicillin products. A related use of the enzyme is for destroying penicillin in clinical specimens, before attempting to cultivate penicillin-sensitive micro-organisms from specimens taken from patients undergoing therapy with penicillin. Another closely related laboratory use is for destroying penicillin in clinical specimens taken from patients undergoing mixed antibiotic therapy, in order to permit assay of the other antibiotic, free from interference by penicillin.



One of the purposes of this communication is to bring to notice several criticisms which can be made concerning the methods of production and use of penicillinase described in the relevant Appendices of the Pharmacopoeia.

#### Method of Production

My first criticism concerns the specification of *Bacillus cereus* as the organism for production of penicillinase. This organism produces an enzyme of the same order of activity as that produced, in our hands, by the Boots strain of *B. subtilis*<sup>1</sup>. *B. cereus* has the advantage of not requiring the addition of penicillin, or some related substance, during growth of the culture. However, *B. cereus* has several disadvantages which make its use less desirable than *B. subtilis*. For instance, cultures of *B. cereus* readily lose their capacity for producing penicillinase; the enzyme produced is much less stable than that from *B. subtilis*; and the *B. cereus* enzyme is more readily adsorbed on to Seitz filters, thus making its separation from the living culture more difficult.

#### Quantitative Requirement in Sterility Testing

The recommendation of the Pharmacopoeia for the concentration of penicillinase to be used in sterility testing does not appear to be logical. Destruction of penicillin by a given concentration of enzyme proceeds at a constant rate as long as the residual concentration of penicillin remains above about 1000 units per ml.; after that the rate of destruction becomes slower<sup>2</sup>. With this in mind, the Pharmacopoeia recommends that, in order to completely destroy the activity of a sample of penicillin, ten times as much penicillinase be used as the amount calculated to be required if the initial rate remained constant until completion of the reaction. This recommendation is reasonable and valid if the initial penicillin concentration is of the order of 1000 units per ml., but it certainly does not seem reasonable if the initial concentration is of the order of, say, 1,000,000 units per ml., in which case the reaction would proceed with undiminished velocity until 99.9% of the penicillin had been destroyed. Slowing of the reaction during destruction of the remaining 0.1% of the penicillin should result in an increase of only about 1% in the amount of penicillinase required to give complete destruction of the sample in the desired time.

#### Mode of Use

The remaining criticisms concern the method of using penicillinase prescribed in the Appendix on Tests for Sterility. It is laid down that sufficient penicillinase should be added to the test sample of penicillin in order to completely destroy its activity before inoculation into the sterility test media. This provision is no doubt intended to prevent any living organisms in the sample from being exposed to the action of penicillin in the presence of medium, for it is well known that actively dividing bacterial cells are more susceptible to penicillin than are resting cells<sup>3</sup>. This is a real advantage of the Pharmacopoeial method, but against it must be set the consideration that, as destruction of the penicillin proceeds, the sample will become acid in reaction, to a strongly-buffered pH of about 5.3<sup>4</sup>, due to conversion of penicillin into penicilloic acid. Exposure to penicillin under such acid conditions may well have a damaging effect on some micro-organisms<sup>5</sup>. This danger may be avoided by adding the penicillinase to the well-buffered medium before inoculation, instead of to the unbuffered penicillin sample itself. This is the method of the U.S. Pharmacopoeia.

#### Limit on Size of Inoculum

The final criticism is that, unlike its American counterpart, the British Pharmacopoeia makes no limitation on the amount of penicillin degradation products that can be inoculated into the sterility test medium. If a

very large inoculum is used, the pH of the medium may well be brought as low as 6.0, despite the buffer capacity of the medium, and this degree of acidity is certainly well removed from the optimal pH for the culture of many bacteria.

#### Clinical Use of Penicillinase

The other purpose of this communication is to bring to notice a new use of penicillinase, which has lately come into prominence, and which may later elevate penicillinase to Pharmacopoeial recognition in a Monograph, and not just in the Appendix on Reagents. I refer to Becker's discovery, in 1956, that purified penicillinase may be injected parenterally with reasonable safety, and that it retains its enzymatic activity against penicillin *in vivo*<sup>6</sup>. Thus medical practitioners have been provided with a new weapon against reactions to penicillin in patients who prove to be allergic to this antibiotic.

There are now many reports confirming the efficacy of penicillinase in treating some, but by no means all, cases of penicillin reactions<sup>7</sup>. It is perhaps only to be expected that it should be more effective in the treatment of reactions occurring fairly soon after administration of penicillin, when the antibiotic is still circulating in the blood, and hence is readily exposed to the destructive action of the enzyme. In cases of penicillin reactions of long standing, when penicillin can no longer be detected in the blood and the link between the antibiotic and the symptoms must be a complex one, it is not surprising that penicillinase therapy often fails. Indeed, one might well ask why an enzyme which destroys penicillin should also alleviate a sensitivity reaction even when no penicillin can be demonstrated in the circulation. The answer, of course, could be either that penicillin is still present in an occult form, or that the action of the penicillinase preparation is sometimes non-specific.

Penicillinase has been used in many thousands of cases, and only on rare occasions have serious side-effects been reported. Minor side-effects, such as fever or local pain, have been of common occurrence, but these have probably been due to the use of relatively crude preparations. It is hoped that fever and pain will be less common with the more highly purified penicillinase preparations now available.<sup>8</sup> However, the rare serious reactions have been of an anaphylactic nature<sup>9</sup>, and it is not known whether these have been due to impurities in the penicillinase preparations or to the protein of the enzyme itself. As these reactions are dangerous to life, and as penicillinase is intended by its very nature to be injected into patients who are subject to allergies, it is clear that penicillinase should be used with great caution.

#### References

1. Royce, A., Bowler, C., and Sykes, G., "Journal of Pharmacy and Pharmacology," Vol. 4 (1952), p. 904.
2. Pollock, M. R., "Journal of Pharmacy and Pharmacology," Vol. 9 (1957), p. 609.
3. Abraham, E. P., in Antibiotics (edited by H. W. Florey), London, Oxford University Press, 1949, Vol. II, part 10, p. 1457.
4. Mazingo, R., and Folkers, K., in "The Chemistry of Penicillin" (edited by H. T. Clarke and others), Princeton, Princeton University Press, 1949, p. 573.
5. Abraham, E. P., loc. cit., p. 1445.
6. Becker, R. M., "New England Journal of Medicine," Vol. 254 (1956), p. 952.
7. Friedlaender, S., "Journal of Allergy," Vol. 30 (1959), p. 181.
8. Hyman, A. L., "Journal of the American Medical Association," Vol. 169 (1959), p. 593.

<sup>9</sup> Penicillinase is available in purified form as a freeze-dried powder, requiring solution in Injection of Sodium Chloride immediately before use. The purified preparations used in our studies have been "Neutrapen" (Schenlabs Inc.) and "Compenase" (C.S.L.).

## REDUCING STAPHYLOCOCCAL CROSS INFECTION

For some years now doctors—particularly in hospitals—have been concerned with the apparent increase in the number of staphylococcal infections; the problem is intensified because these micro-organisms have an unparalleled capacity for acquiring resistance to many of the antibiotics in current use, the resistance being acquired during treatment for some other infection.

The ubiquitous staphylococcus can be found on the hands, the skin, in the front part of the nose and often in infected wounds and other lesions and the infections to which it gives rise are met both in hospital and in general practice. The problem is so considerable that few hospitals have escaped an epidemic of the infection in one form or another. The staphylococcus can delay the healing of operation wounds and (less frequently) it can cause deeper lesions such as osteomyelitis and pneumonia; indeed, reports have suggested that staphylococcal pneumonia is increasing in frequency. An increase in neo-natal infections in maternity wards has also been noted, and although most of these infections are mild—consisting only of a few pustules on the infant—these lesions help to perpetuate the infection in the wards and nurseries. Occasionally acute exacerbations of the infection can occur with increasing severity, such as breast abscesses, cellulitis, and even fatal septicaemia and pyaemia.

In order to understand the problem, it is necessary to know how these infections spread. Recent studies have shown that the nose probably represents the most common breeding ground for the pathogenic staphylococci. Many individuals can be entirely symptomless nasal carriers, i.e., the organisms are carried in their anterior nares and merely by breathing, and especially sneezing and using their hands and handkerchiefs, they transfer the bacteria to anyone who comes into close contact with them.

It has now been shown (*Lancet*, 1959, 2, 781) that the incidence of these infections in hospitals can be reduced by instituting routine twice-daily application of an antibacterial cream to the noses of the patients, together with several other precautions, including disinfection of blankets, crockery and utensils, baths and barbers' shaving brushes, spraying of wounds, application of chlorhexidine cream to the nurses' hands, and the use of a vacuum cleaner in the wards. The antibacterial nasal cream contained neomycin and chlorhexidine in a water-miscible base, and the spray contained neomycin, bacitracin and polymixin. W. A. Gillespie and his colleagues at Bristol Royal Infirmary found that, by adopting these combined precautions, their results over a year showed a very considerable reduction in staphylococcal cross-infection.—"Pharm. J.," Dec. 12, 1959.

## DRUG STABILITY: ZURICH SYMPOSIUM

Several papers of interest made up a symposium on the subject of drug stability which comprised part of the proceedings of the 19th International Congress of Pharmaceutical Sciences held in Zurich, September 6 to September 10, 1959. Two papers of especial interest were read by Professor S. A. Schou (Copenhagen).

The first of these was a general introduction to the symposium. Professor Schou pointed out that the rapid development of the study of pharmaceutical preparations which had followed the increasing use of new and potent but often rather unstable drugs, had created an interest in the problem of stability that was unknown to earlier generations of pharmacists. Such problems, which through the centuries had been considered from a purely qualitative point of view, had within the past few decades shown a distinct tendency to develop along quantitative and strictly scientific lines. Nevertheless,

surprisingly few pharmacopoeias gave any information on the stability of the drugs and preparations they contained. The United States Pharmacopoeia, the British Pharmacopoeia and the Danish Pharmacopoeia were exceptions, and these books illustrated three different methods of approach to the problem.

### Pharmacopoeias Compared

An examination of the U.S.P. suggested that it was the inclusion of biological preparations, such as sera and vaccines, that had been instrumental in forcing the compilers to put in recommendations for storage. But there was an equal need for similar recommendations to be attached to many new drugs. Pharmacists had to learn how to handle and store unstable remedies in such a way as to ensure their full potency when they were delivered to the public. All 25 monographs for biologicals in the U.S.P. gave a time limit for storage; but, in the rest of the pharmacopoeia, only in seven instances—for three chemicals and four preparations—were similar limits included. The British Pharmacopoeia adopted a positive attitude, gave detailed instructions for storing antitoxins and vaccines, and, in addition, indicated the period of time over which several injections and other preparations might be expected to retain their potency under specified conditions. This showed that the compilers had not only faced the stability problem but had realised its importance. The Danish approach was to divide all official preparations into three groups: (a) Those which figured in extemporaneous compounding and which were used by the patient without delay (a total of 61); (b) those which might be expected to be stored for only a short time (50); and (c) those for which it was necessary to give a definite storage time (104). This system had been in operation for 10 years, and there was no longer much criticism of it. The inconvenience to the pharmacist of having to stock preparations with a short storage life was offset by the satisfaction he had in knowing that he was supplying fully-active medicaments. The semi-official formulary (D.A.K.) had also followed this practice for 17 of its preparations; for example, tablets of benzylpenicillin were given a storage life of six months and ascorbic acid tablets three months.

### Predicting Stability

Much use had been made of the Arrhenius Equation for predicting the storage life of medical preparations. The determining factor in such experiments was whether or not it was possible to treat the process of deterioration by the usual physico-chemical laws. Generally, it was possible to do so, but, at the same time, attention had to be paid to the material state of the substance under consideration—was it a solid heterogeneous system (powders and tablets), a liquid heterogeneous system (suspensions, oil-suspensions, ointments), or a liquid homogeneous system (solutions)? It might be expected that all substances in the first group would be stable, but it had been found, for example, that a particular antacid tablet containing sodium bicarbonate, magnesium trisilicate and hyoscyamus was stable for only one month—the deterioration being a function of the humidity absorbed in the surface layers. That showed that each case had to be investigated empirically under known conditions, and the conclusions drawn with great care. Glyceryl trinitrate tablets posed another problem, for it had been found that the organic material used in the pack (cork, paper, polythene, etc.) could cause a deterioration of up to 60 per cent. in the course of a year's storage. Particle size was an important factor in liquid heterogeneous systems. In certain steroid suspensions, for example, in which the activity was related to the size of the crystals, there was evidence that the crystals could increase in size on storage. Simple aqueous solutions, however, could be treated according to the ordinary physico-chemical laws, since the energy of activation was closely related to the rate

of the reaction taking place. However, it had to be kept in mind that when a substance underwent some transformation its concentration changed. Thus it was necessary to consider the relationship between the concentration and the rate of reaction.

Summing up, Professor Schou said that there were two fundamental questions to be answered: How should stability be defined? How should information on stability be given in the pharmacopoeias? One approach was to define the time between the completion of manufacture of a preparation and the point at which it no longer fulfilled the requirements of the pharmacopoeia. Another was to stipulate that the preparation should not be used when it had lost more than 10 per cent. of its potency. Whatever system was adopted, those who introduced any new preparation should be in honour bound to provide specific information on its stability, and five years should be the maximum time that any preparation should be stored in any pharmacy.

#### Chemical Decomposition

In place of Professor E. H. Vogelenzang (Leiden), who was prevented by illness from attending, Professor Schou presented a paper on chemical decomposition in pharmaceutical products. He began by saying that with certain alkaloidal products a 100 per cent. increase in stability could be obtained by reducing the storage temperature by 10°. Hydrogen and hydroxyl ions were the most important catalysts, as was shown by the changing rate of decomposition at different pH values. Thus it was possible in certain instances to make a preparation more stable by adjusting its pH. The rate of hydrolysis could also often be controlled by adding a stabiliser. Oxidation raised a number of problems from the point of view of kinetic studies, but the redox potential was constant and was relatively easy to determine. Many decomposition processes had the character of auto-oxidation, and they were often autocatalytic. Another type of chemical deterioration encountered was decarboxylation. The decomposition of p-aminosalicylic acid was a first order, highly pH-dependent process. It was catalysed by H<sup>+</sup>, and the decomposition could not be prevented by maintaining the CO<sub>2</sub> pressure, but only by adjustment of the pH. One of the complications in studying the deterioration of medicaments arose from the fact that several competing reactions might be taking place simultaneously. The active principles of ergot, for example, could racemise, oxidise and hydrolyse. Nevertheless, it was important that as much information as possible should be gathered about these complex processes of deterioration, since it was only by that means that suitable stabilisers would be found.—*Pharm. Journal*, Sept. 19, 1959.

### A PLETHORA OF DRUGS

#### The Danger of Numbers

In its column "Topics and Comments," *The Manufacturing Chemist*, December, 1959, had the following item, which will be of interest to many harassed medical men and pharmaceutical chemists:—

New drugs and new variations of old drugs are being marketed at such a rate that doctors and pharmacists are in danger of being overwhelmed with names, doses, strengths and actions of a kaleidoscope of new preparations. This confusion could have serious consequences. Accidents due to the wrong dose or the wrong preparation being prescribed and dispensed are not infrequent. The pharmacist should always be the expert professional check on the doctor's prescriptions. But if he is as hard-pressed as the doctor to keep up to date the value of this safeguard is diminished.

In a recent issue of the news summary they receive from their public relations service, members of the As-

sociation of British Pharmaceutical Industry could read two related items. One was about a woman who died after an overdose of amphetamine; the doctor had written on the prescription three grains instead of three milligrams. The chemist who filled the prescription said it did not seem out of the ordinary to him and, anyway, he was busy. The coroner commented: "The chemist is in the background and acts as protector-in-chief for the doctor who is careless."

The other item summarised a letter published in the *Pharmaceutical Journal* from Mr. W. A. Park, a member of the executive of the Scottish department of the Pharmaceutical Society and a past chairman. He said: "The position with many pharmacists now is that not only is their shelf and cupboard accommodation severely strained but so is their mental capacity to grasp names, doses, strengths and actions of these preparations. . . . I would suggest a "moratorium" of say six months, whereby firms can consolidate their present products and establish their business on a more realistic and simplified basis, in the light of modern therapeutic developments without the adornments in the form of variations of compositions, strength, etc."

Would an agreement to stop the introduction of new preparations for six months in fact do any good?

It certainly would not if it were followed by the release of a pent-up flood of new preparations. No, for many reasons Mr. Park's "Moratorium" would be impracticable. But this is no reason for manufacturers not to heed the sentiments he expresses, which must be those of thousands of harassed pharmacists. Fewer new preparations and more standardisation would help everyone.

### HISTORY OF CHLOROFORM

Arising out of correspondence in the *Scotsman* (Edinburgh), Mr. Nicholas Herdman, of Duncan Flockhart & Co., made the following information available to the column "An Onlooker's Notebook," *Pharmaceutical Journal*, January 18, 1960:—

"Chloroform was first made in 1831 by the French chemist Soubeiran, and, independently, by the American Samuel Guthrie. A purer form was made in 1832 by the German chemist Liebig. The French chemist Dumas was the first to make pure chloroform in 1834, and it was he who gave it that name. Chloroform was first used as an anaesthetic by the French physiologist Flourens, who used it and proved its value in animal experiments. His findings were published in March, 1847, by the French Academy of Sciences. About eight months later, in October, 1847, David Waldie, a Linlithgow-born chemist, was on holiday in Scotland from Liverpool. During that holiday he directed the attention of James Young Simpson to chloroform. Mr. Herdman then quotes from Waldie's own "The true story of the introduction of chloroform to anaesthesia." Waldie wrote: "Dr. Simpson introduced the subject to me, inquiring if I knew of anything likely to answer (for anaesthetic purposes). Chloric ether was mentioned during the conversation, and being well acquainted with its composition, and with the volatility, agreeable flavour and medicinal properties of chloroform, I recommended him to try it, promising to prepare some after my return to Liverpool and send it to him." The account which Dr. J. W. Dundee (lecturer in anaesthesia at the University of Liverpool) gave in *Anaesthesia* (1953, 8, 218) makes it even clearer that Waldie was quite deliberate in his advice to Simpson. Dundee pointed out that chloric ether had been tried as a general anaesthetic with varying success until Waldie advised Professor Simpson of Edinburgh that if chloric ether were used as an alternative to ether then it was chiefly vapour of alcohol that would be inhaled, and suggested that pure chloroform should be tried. Although Waldie promised to supply Simpson with some chloroform, he



was prevented from doing so, and it was always my belief that it was Duncan, Flockhart & Co. Ltd. who eventually supplied the first sample to Simpson. There is a strong oral tradition within the Edinburgh companies of Duncan, Flockhart & Co. Ltd. and of T. & H. Smith Ltd., that Simpson, impatient for Waldie to send him some chloroform, went to Thomas Smith, then in business in the Pleasance, who, being occupied with other things that day, recommended him to try Duncan & Flockhart, who were in partnership in business in North Bridge. The story continues that Duncan & Flockhart then asked Smith if he knew how to make chloroform, and that for some years after that Duncan & Flockhart bought their chloroform from Smith, before setting up their own plant. There is another link with pharmacy in that Waldie was a close friend of John Abraham, of the famous old Liverpool pharmacy of Clay & Abraham Ltd. Waldie was chemist to the Liverpool Apothecaries Company, and after the fire which destroyed his laboratory and prevented his supplying the original sample of chloroform to Simpson, he continued his work at the home of John Abraham in Bold Street, Liverpool.

## THINKING IN NUMBERS

### The Mu-World of the Biologist

The B.B.C. recently broadcast a number of talks entitled "Thinking in Numbers." One of these, "The Mu-world," was given by Michael Abercrombie, F.R.S., Reader in Embryology, University of London. His talk was reported in "The Listener," December 31, 1959, as follows:—

Living things cover an enormous range of size. The biggest is about 1000 million times longer than the smallest, taking one of the giant trees or seaweeds and a virus as the two extremes. It may seem strange that what may justifiably be called the biologist's unit of length, the micron, more usually called the mu, is right down near the lower end of the enormous size range: a mu is a thousandth of a millimetre, or about a twenty-five-thousandth of an inch, far too small to see with the unaided eye. But this is the result of something that happens continually in science, a steady drive to analyse the big, complex things into different arrangements of small component parts of a few types. By this means we can get the diversity of things into order in terms of the properties of generally distributed small elementary units.

### To the Atom and Beyond

The chemist and physicist have for this reason explored their way to the atom and beyond. The biologist has found a small element, the cell, into which to analyse the diversity of living things, and this has proved highly useful, though it is not nearly such a standardised component as the atom. The vast majority of known living things are made up of one or many of these cells. These cells are separate pieces of living material with some basic similarities of internal structure and chemical make-up. Their size is invariably down at the lower end of the range of living sizes, and indeed they are as a rule too small to be seen without some magnifying instrument. It is the microscope, the biologist's characteristic tool, that has enabled him to push his analysis into the world of cells, the world he measures in mu.

The mu is in origin an arbitrary unit of length. It is merely a millionth of the standard metre kept at Sevres, which was devised before the mu was ever thought of. It happens to be just about right for the biologist's analysis, for two reasons. First, cell sizes range from a few mu to a few dozens of mu. Secondly, the mu is a length conveniently matched to the best

possible performance we can get out of a microscope. At about a fifth of a mu we reach the smallest thing that a microscope can distinguish. One can magnify detail of that size as much as one likes, but it will simply get more blurred: one will never see anything finer-grained. This limit is not a matter of inadequate technique in making microscopes. It arises because when one gets down to sizes round about the wavelength of light, that is about half a mu, one runs into a barrier, which might be called the light barrier, that no microscope working by means of light can break through. Generations of superb skill have gone into the making of microscopes, and they long ago reached the light barrier. So the mu is not only a convenient length for measuring cells, it is a convenient length for the smallest things that can possibly be seen with our standard tool, the microscope.

What is the world of cells, the mu-world, like? The first time one looks at it, using a microscope magnifying, say, about 1000 times, it seems as utterly incomprehensible as the ordinary world must be to a man just cured of congenital blindness. As we gain our clues to what is what, the mu-world proves to be as full of interesting and beautiful shapes and patterns as any part of nature. It is mostly liquid and jelly, so the shapes are mostly curves. Everything is perhaps a little pale and ghostly; transparency is one of the troubles about seeing living cells properly, and a red blood cell instead of being a blazing disc of scarlet, as one might hope, is a wan yellowish-pink.

### Interloper from Another World

There is plenty of movement in and amongst the cells, usually of the gently flowing kind one associates with ghosts, though it is also possible to find vigorous exact rhythmical movement. Here, though, we strike the sort of misjudgment that is bound to happen to an interloper from another world with other standards. We totally misinterpret real speed in the mu-world because distance is magnified by the microscope, but time is not. We may see a cell sliding along, slowly but appreciably covering the ground. We forget we have magnified the ground, and it comes as a shock to realise that at that speed it would take a day to move an inch. We have to be careful about transferring our ingrained judgments from one world to another.

None of this is completely outside our normal experience; yet it will not be long before we are aware that this world has a phenomenon that our normal world has not: small particles, any of less than a few mu in diameter, when they are floating freely in liquid, are never still. They jerk and shiver and twist, and the smallest ones positively dance about. This is Brownian movement, named after a botanist; more than a century ago he disproved that the particles were dancing of their own volition because they were alive. A small inhabitant of the mu-world cannot remain still, unless it is embedded in solid, because it is perpetually buffeted by the incessant jostling of the invisibly small molecules which make up the liquid round it. Here then we are down to a size where we can observe, not molecules, because they are far beyond the light barrier, but their direct effects.

### The Other Side of the Barrier

The biologist cannot be content to stay this side of the light barrier. By using shorter wavelengths which he cannot see directly himself, mainly by means of the electron microscope, the biologist can get pictures of the other side, though so far only of dead things. He can begin the irresistible process of analysing his own element, the cell, which is really uncomfortably complicated and variable, into simpler and smaller and more standardised parts. But when he goes this far he meets the physicist and chemist in a world of such small dimensions that a new unit of length, the angstrom, takes over from the mu.



# **pHisoHex**

"...the closest to the ideal skin antiseptic  
as judged from the results of many  
investigators"

**now  
manufactured  
in Australia...**

and readily available from your  
Winthrop warehouse.

**Winthrop** LABORATORIES



**A NEW PACK  
A NEW DEMAND  
DOLAMIN 24'S**

**Personal  
Convenient  
Popular-Price  
BIG Profits**

Nyal now offers its unique "no-upset" analgesic—DOLAMIN—to you in a new size pack with many plus features and positive appeals to you and your customers.

Here is an easily carried DOLAMIN carton which holds 24 tablets sealed in 4 foil strips of 6 for maximum product protection.

This "smaller" pack now enables you to recommend DOLAMIN to the many thousands of casual analgesic purchasers . . .

selling DOLAMIN's exclusive NO-stomach-upset advantage . . . and thus securing new business for Pharmacy . . . **your pharmacy!**

And for instant, no-effort displays to tie-in with DOLAMIN TV, radio, press and magazine advertising, DOLAMIN 24's are supplied in this bright and attractive 3-colour self-selection display outer. So help yourself to additional profit. Stock DOLAMIN 24's, only 28/- list per dozen, to retail at 3/6 each.

## LEECHES AND LEECH JARS

Leeches! What memories these little animals conjure up! Memories of apprenticeship days, when one task of the apprentice was to care for the leeches—the water in the leech jar had to be changed regularly.

Then the dispensing of a prescription for leeches, which involved disengaging these slippery aquatic worms by means of the fingers from the sides of the leech jar, to which they clung so tenaciously, and then transferring them from the fingers to a suitable container. Later they would probably be applied, with the aid of a leech tube, to a "black" eye. After an aperitif of milk placed on the skin to encourage them to bite, they would suck blood until satiated and then relinquish their hold. A meal of blood would suffice for several months.



Pharmacists who remember the days when leeches were common "medical material" will be interested in an article entitled *English Leeches and Leech Jars*, by Agnes Lothian, published in *The Chemist and Druggist Centenary Number*, November, 1959.

Miss Lothian is Librarian and Keeper of the Historical Collection of the Pharmaceutical Society of Great Britain, and is an authority on drug jars. She writes of the leech gatherers of Yorkshire during the early nineteenth century, who were mainly women and who waded "bare-legged with considerable picturesque effect in the pools of water frequented by leeches. These little blood suckers attach themselves to the feet and legs, and are from thence transferred by the fair fingers of the lady to a small barrel or keg of water, suspended at her waist."

Miss Lothian then describes and illustrates a number of leech jars in the possession of either museums, institutions or individuals in England. These vessels were often very attractively designed and decorated. In

England they were made in cream-coloured earthenware from about the end of the eighteenth century, then during the Georgian era in brown stoneware. Later, very ornate jars were manufactured by the Staffordshire potteries.

Generally, leech jars were vase or urn shaped, with handles and perforated lids. Those manufactured during the nineteenth century were often beautifully decorated in colour—colours such as blue, green, maroon and lilac being used. They were often "richly gilt" and labelled in gold lettering.

Miss Lothian's article is one which will be read with interest and pleasure by the historically-minded pharmacist, the connoisseur of drug jars, or by those people who just enjoy reading about "beautiful things."

Her article is timely, too, for Victorian pharmacy, as recently an attractive cobalt blue coloured leech jar (see illustration) was donated to the Museum of the Pharmaceutical Society of Victoria by Mr. S. J. Baird. For many years it was used for the storage of leeches in the pharmacy of Hood and Co., Elizabeth Street, Melbourne. It is the first leech jar to be acquired by this museum.—E.M.W.

## MODERN DRUGS AND LIFE ASSURANCE

Dr. T. W. Preston, principal medical officer, Prudential Assurance Co. Ltd., London, recently gave an address, "Progress in Medical Science and Its Influence on the Underwriting of Impaired Lives," to the Insurance Institute, London. This was reported in *Manufacturing Chemist*, December, 1959.

"More people who have been treated with antibiotics for certain diseases are becoming eligible for life assurance.

Many cases of chronic pulmonary tuberculosis, which 20 years ago would have been rapidly fatal, now responded well to antibiotics, he said. Cases of tuberculosis of organs other than the lungs, which used to be treated by surgery, now also respond to antibiotics, and were safe for life assurance after a few years.

He quoted figures to show that between 1947 and 1957 a large series of pulmonary tuberculosis cases had been accepted for life assurance. The mortality rate was satisfactory and well within expected limits. Great advances had been made in the study of the blood, and there were several types of anaemia, formerly of ominous portent, which responded well to modern treatment and were acceptable for life assurance.

"Pneumonia, meningitis, various forms of septicaemia, formerly grave and often fatal maladies, are now readily brought under control, and persons who have suffered from them are usually acceptable at first-class rates of premium after recovery. Osteomyelitis, a deep bone infection, before the era of antibiotics often assumed a chronic form, making the patient a poor risk for assurance. Now most cases respond to penicillin immediately. In more persistent cases, surgery may still be required, but under the 'umbrella' of antibiotics success is the rule, and the risk to life small."

In some directions progress had been less encouraging.

Most assurance companies still show some conservatism in the acceptance of cases of gastric and duodenal ulcer, in spite of claims made by surgeons that modern treatment can bring about complete cure. Experience in my own company, although not yet statistically significant, does not encourage a more liberal outlook."

On cancer, he said: "In spite of great advances in radiotherapy and in surgery, cancer still remains largely an unresolved problem. Broadly speaking, cancer subjects cannot be accepted for life assurance."



## THE IAN CLUNIES ROSS ANIMAL RESEARCH LABORATORY

### Lord Casey to Bestow a Famous Name

Australia's most important sheep research laboratory will serve as a memorial to the late Sir Ian Clunie Ross. It was officially named the "Ian Clunies Ross Animal Research Laboratory" by Baron Casey in a dedication ceremony on March 9.

Until recently Lord Casey was Minister-in-Charge of C.S.I.R.O., and with Sir Ian was associated with the planning of this farsighted project.

The new laboratory at Prospect, on the Great Western Highway, 18 miles from Sydney, was almost completed when Sir Ian died last June.

Dedication of the laboratory is a fitting tribute to a great Australian scientist, who was one of the first to appreciate the need for a fully-equipped, central establishment for studying the healthy sheep as distinct from the diseased animal.

As long ago as the early 1940's Sir Ian saw that scientific research would inevitably conquer the major diseases and nutritional disorders of sheep. He foresaw that the fierce competitiveness of the modern world would soon demand that we had the knowledge to produce, more efficiently, more wool of more profitable types per head and per acre.

To meet this challenge he realised that Australia would need a large "back room," where scientists could quietly study how the sheep's body functions and how it goes about converting plant food into the protein filament we call wool.

Sir Ian recognised that we cannot proceed far with the problems of growing wool nowadays without reference to the underlying follicle structure of the fleece and the basic physiology of the sheep. He saw the day had come when a fine fleece is no longer sufficient of itself to defray the costs of woolgrowing.

Such things as fertility in the flock and efficiency in fleece growing had been largely neglected. The "Ian Clunies Ross Animal Research Laboratory" exists to repair these shortcomings in Australian woolgrowing practice.

It has taken some six years to build and equip the laboratories and assemble a staff highly specialised in the many branches of science which contribute to an understanding of the healthy sheep. During the period of growth the facilities have been known under the name of the "Sheep Biology Laboratory."

The laboratory's facilities enable the most modern scientific techniques to be applied to the problems of sheep and wool production. Special equipment has been included to permit the use of radioactive isotopes in the study of wool growth. There are two large animal houses divided into several hundred pens, so that complete individual records can be kept, for instance, on food intake and wool growth of large numbers of sheep. Two climate rooms accommodate groups of sheep under a wide range of temperature, humidity and wind force. Even rain can be simulated in them. These chambers are used for studying the effects of climate on wool growth, on newly shorn sheep and new-born lambs, and the ability of different breeds and strains of sheep to thrive in different climates.

The research at Prospect under the direction of Dr. I. W. McDonald, Chief of the C.S.I.R.O. Division of Animal Physiology, has already met with considerable success.

The work has concentrated on wool growth and reproduction, and is providing a sound basis for improved methods of selecting sheep and increasing lamb-marking percentages. The causes of serious losses in pregnant ewes and new-born lambs have been studied and means of prevention are being developed. It has also been shown that sheep vary greatly in their efficiency in turning feed into wool, and current experiments are attempting to discover the reasons for this and to find out whether these differences are inherited.

Such early progress makes it clear that for years to come the genius of Sir Ian Clunies Ross will continue to assist the economy of Australia's greatest rural industry.

## THE CEPHALOSPORINS

A project of importance is the development of the cephalosporins, a group of antibiotics showing some promise of being effective against bacteria normally resistant to penicillin. Details of the project are announced in the report for the year to June 30, 1959, of the National Research Development Corporation. The work has been carried out by a Medical Research Council team at the Sir William Dunn School of Pathology under Sir Howard Florey and Dr. E. P. Abraham, and at the M.R.C. Antibiotics Research Station at Cleveland under the direction of Mr. B. K. Kelly. Of the antibiotics so far isolated from the group, one is cephalosporin C, which is closely related to penicillin but is significantly different in its chemical structure and biological properties. In particular, it is resistant to destruction by the enzyme penicillinase which inactivates penicillin. This property of resistance to penicillinase is associated with specific features of the chemical structure of cephalosporin C, and the report says that much effort is being devoted to the determination of the structure of the antibiotic, including the use of X-ray crystallographic techniques by Mrs. Dorothy Hodgkin and her colleagues at Oxford University. The Corporation has made some financial contribution towards the cost of this work. Mr. John Duckworth, Managing Director of the Corporation, said recently that the project was considered to be of such great importance that "it would not be held up for lack of money," and added that as many aspects of the cephalosporin work as possible had been patented in a number of countries. Glaxo Laboratories Ltd. were assisting with certain aspects of the work requiring larger scale preparation facilities and the associated know-how. The report states: "The recent stir in the penicillin field as a result of the production and isolation of the penicillin 'nucleus' by the Beecham Research Laboratories Ltd. has been reflected in a still further increased interest in cephalosporin C on the part of both British and American industrial firms."—Pharm. J., 26 December, 1959.

## DRUGS FOR DEPRESSION

In a letter to the *British Medical Journal* for December 26, P. Dally and W. Sargent, of St. Thomas's Hospital, London, draw attention to "a potentially dangerous situation that is now arising with the introduction and widespread advertising of a whole range of new antidepressant drugs." They state that, of the monoamine oxidase inhibitors, isocarboxazid, phenelzine and probably phenylisopropyl hydrazide have a similar action to iproniazid, but (like iproniazid) they do not, as has been claimed, replace electro-convulsive therapy in a large number of depressions; their use is in the treatment of certain reactive, anxious and "hysterical" depressive states. Nialamide, on the other hand, may cause a marked and sometimes dangerous increase of anxiety in certain types of depression. In their experience, imipramine is not very satisfactory in neurotic depressions, although some patients with endogenous depressions respond to its use eventually. Some of the patients who do not improve under treatment become serious suicidal risks, and the authors state that many suicides will occur if general practitioners believe the manufacturers' claims that these drugs can replace E.C.T. They also refer to the danger of liver damage and to reports of fatal jaundice following phenylisopropyl hydrazide. The letter concludes by emphasising the need for more thorough testing of such drugs before marketing.—Pharm. J., January 2, 1960.



**NEW  
IN  
AUSTRALIA**

*recommend*

# Cepacol

**for 84% profit  
on cost on introductory deal**

Cepacol now being promoted heavily to the Medical Profession by detailmen and direct mail advertising. Physicians' recommendations will move Cepacol fast

**America's  
largest  
selling  
professional  
oral  
antiseptic**



## **CEPACOL-ANTIBACTERIAL LOZENGES AND SOLUTION for quick relief of sore and irritated throats**

Cepacol's deep penetrating action kills a wide range of oral bacteria in 15 seconds, is still effective up to 3 hours after use.

**STOCK NOW**

**GENEROUS BONUS OFFER ON LOZENGES**

**INTRODUCTORY BONUS... 84% profit on cost... 2 PACKETS FREE**

*Extra*  
**REGULAR PROFIT..... A 53% MARK-UP..... List Price, 3/9;**

**EYE-CATCHING COUNTER DISPLAY PACKER** *selling price, 5/9 per packet*  
—adjusts to display either 12 lozenge packets alone or 12 lozenge packets and two 5 oz. bottles of high-profit Cepacol Solution (list price, 4/6; selling price, 6/9—should be ordered with lozenge bonus offer.)

**THE WM. S. MERRELL COMPANY**



**Cincinnati, U.S.A.**

*In Australia:*

WM. S. MERRELL (PTY.) LTD.,

Box 58, P.O., Fairfield, N.S.W.

*Distributed by*

Salmond & Spraggon (Pty.) Ltd., Sydney

# HYPOTENSIVE AGENT

- WITHOUT DEPRESSANT ACTION  
on the central nervous system
- No fatigue or drowsiness
- No side effects

# DECASERPYL

10-methoxydeserpidine

## Indications

### ESSENTIAL HYPERTENSION

Moderate hypertension at the menopause.

Long-standing, non-progressive hypertension.

For ambulant patients and prolonged treatment,

Decaserpyl is a treatment of choice by virtue of its freedom from depressant effects on the nervous system.

### RENAL HYPERTENSION

## Dosage

Initially, 2 tablets 3 times a day (30 mg.) daily half an hour before meals.

## Packing

Tablets of 5 mg. Bottles of 20 and 100.



## ROUSSEL PHARMACEUTICALS (PTY) LTD.,

Caltex House, 167 Kent Street, Sydney, N.S.W. Tel. BU 5597

LS/0/87

# The National Health Act 1953-1959

## Provisions Outlined

The first of a series of Explanatory Articles by Mr. R. M. W. Cunningham, Chief Pharmaceutical Officer, Department of Health, Canberra.

The National Health Act 1959 amends the National Health Act 1953-1958 in some of its more important aspects. In particular, a number of sections in Part VII of the Act dealing with the provision of Pharmaceutical Benefits has been considerably amended.

In brief, the 1959 Act as far as Pharmaceutical Benefits are concerned extends the provisions of the 1953-1958 Act in respect of pensioners to the population at large. At the same time, the recipients of Pharmaceutical Benefits (except eligible pensioners) are required to subsidise the benefits provided to the extent of 5/- per prescription, as the Government considered that it was reasonable that patients, other than eligible pensioners, should make some contribution towards the cost of their benefits. This is in accordance with other National Health Services where the patient pays some portion of the cost involved.

To give effect to the new policy there were required certain amendments to the 1953-1958 Act. Sections 85, 86 and 87 have been repealed and new sections inserted in their stead, and various other sections amended or repealed.

Section 85 deals with the drugs and medicinal preparations to which Part VII of the Act applies, in other words defines what are pharmaceutical benefits. This section gives to the Minister power to determine the form or forms of a drug or medicinal preparation that may be a pharmaceutical benefit. It also gives power to determine the maximum quantity, number of repeats and power to vary these. Further, it gives power to the Minister to determine brands under which the drug or medicinal preparation may be supplied as a benefit and the manner of administration. This section enables the Regulations to provide for the variation of maximum quantities and number of repeats.

Section 86 gives entitlement to persons to receive pharmaceutical benefits without payment, except a charge made in accordance with the Act. It also provides for the supply of benefits only for the treatment of persons included in a prescribed class of persons or for a prescribed purpose, including the treatment of a prescribed disease or condition, either in relation to persons generally or in relation to persons included in a prescribed class of persons under any prescribed conditions. This in fact means that provision may be made for supply of certain benefits to pensioners only, for supply for certain diseases only to persons generally, or to a specified class of person, e.g., pensioners or children. In regard to prescribed diseases, one requirement is that prior authority is required to prescribe the corticosteroids and their derivatives.

Section 87 now includes, in addition to the provision for the charging by approved chemists of the special fees previously payable, i.e., fees for delivery other than from approved premises and after-hour fees, the power to charge a person (other than an eligible pensioner) in respect of each pharmaceutical benefit an amount not exceeding 5/-.

Section 88 has been amended by omitting sub-section (4) and inserting a new sub-section (4), which restricts a medical practitioner from ordering in excess of the maximum quantity or maximum number of repeats or instructing in a prescription that the benefits be administered in a manner other than that determined.

To this section is added a sub-section (5) which permits the ordering on one occasion the maximum quantity and prescribed number of repeats. This sub-section takes the place of Clause 10 in the Minister's Determination under the 1953-1958 Act.

Section 89 has been amended by inserting a new paragraph (a) to validate prescriptions, the communication of which has been made other than in writing.

A new section numbered 92A has been inserted. This has been necessary because of the new provision for the payment of 5/- for each pharmaceutical benefit supplied to a patient other than an eligible pensioner. This section sets out certain conditions to which approval is subject. In brief, it provides that an approved chemist will not by advertisement, notice or otherwise, state or indicate that he is willing to supply all or any pharmaceutical benefits to all or any persons without charge or for a charge that is less than the maximum charge that he may statutorily make, or that he will not follow a practice of supplying all or any pharmaceutical benefits to all or any persons without charge or for a charge that is less than a maximum charge that he is permitted to make.

These provisions do not apply to Friendly Societies or to a body carrying on business for the benefit of members of a Friendly Society in respect of bona fide members nor do the provisions apply in respect of eligible pensioners, who are entitled at all times to receive their benefits without the payment of the 5/- charge.

Section 94 has been amended to provide some flexibility in regard to the supply of pharmaceutical benefits by approved hospitals.

Section 99, which is of considerable importance to chemists, has been amended. This section provides for the rates of payment to be made to approved chemists. Briefly, it provides for consultation between the Federated Pharmaceutical Service Guild of Australia and the Minister for Health, and the subsequent determination by the Minister of the rates payable for pharmaceutical benefits. Amendment of this section has been necessary to provide that the approved chemist is entitled to be paid by the Commonwealth the full Commonwealth price, in the case of a prescription for a pharmaceutical benefit for a pensioner on the one hand and the Commonwealth price less 5/- in respect of persons other than pensioners on the other.

A new section—Section 104A—has been inserted in the Act. This provides for the furnishing by approved chemists of statements of stock.

In addition to the above amendments, Section 84, which deals with definitions, has been amended in some respects. I will mention only two of these. One is the definition of "brand" in relation to a pharmaceutical benefit, and the other is the definition of "British Pharmacopoeia."

Briefly, "brand" includes the trade name or the name of a manufacturer.

The definition of "British Pharmacopoeia" now includes the provision that any subsequent edition of the British Pharmacopoeia and additions or amendments to any subsequent edition shall take effect, for the purposes of Part VII of the National Health Act, upon such dates as are respectively fixed by the Minister by notice



published in the Gazette. Incidentally, the definitions set out in the Therapeutic Substances Act in respect of the British Pharmacopoeia and also the British Pharmaceutical Codex have been amended in the same way.

The foregoing covers briefly the amendments which have become necessary to give effect to the Government's new proposals.

Concurrently with these amendments to the National Health Act it has been necessary to provide amending regulations. In fact, a completely new set of regulations comprised of six parts has been brought down. Many of these are unchanged from those in operation prior to the introduction of the new scheme; others are completely new.

I do not propose to enumerate all these regulations, but to draw attention to a few important ones only.

In Part I a new regulation has been included to validate the life of prescriptions and repeat authorisations written prior to the commencement of the amended Act, i.e., prior to the 1st March, 1960. I will refer to the significance of this in a later article.

Part II covers approvals while Part III deals with pharmaceutical benefits under Section 85 of the Act. This latter part sets out what are benefits, it also sets out the restrictions on benefits by reference to various schedules to the regulations, variation of maximum quantities and number of repeats and the prescribing of certain restricted drugs requiring written authority from the Director-General.

Part V is concerned with the writing of prescriptions and their supply. The requirements of this part are somewhat similar to those existing under the 1958 Act. This is a rather important part of the regulations, with many implications for chemists. I will deal with these in a later article.

The regulations comprising Part VI and dealing with miscellaneous features remain very much as they were under the 1958 Act.

Following Part VI are the schedules to the regulations. These are six in number.

The First Schedule lists drugs and medicinal preparations which are the subject of monographs in the British Pharmacopoeia that are not to be supplied as, or used in, pharmaceutical benefits, except as specially provided. On first scrutiny this appears a somewhat formidable list, but in fact is not as extensive as it would appear. Many of the drugs listed are available in certain forms, or are available as additives, and each of these is listed in other schedules or in the Minister's Determination.

The Second Schedule lists drugs and medicinal preparations that are pharmaceutical benefits only when prescribed for use in a determined form or in allowable compounds.

The Third Schedule consists of pharmaceutical benefits which are additional to pharmaceutical benefits in the British Pharmacopoeia.

The Fourth Schedule consists of additive. These substances may only be prescribed in combination with some other drug or medicinal preparation which is a benefit.

The Fifth Schedule consists of a list of benefits the prescribing of which is subject to conditions and restrictions. Included in this are drugs which may be used only for certain classes of persons either restricted as to condition or disease or unrestricted.

The Sixth Schedule sets out the various official forms which are to be used. There are three of these. Forms A and B are forms of application for approval as a pharmaceutical chemist—one for registered pharmaceutical chemists and the other for Friendly Societies, etc. Form C is a form of application for approval as a hospital authority for the purpose of supplying pharmaceutical benefits.

The foregoing is a brief outline of the Act, and the Pharmaceutical Benefits Regulations which constitute

the legal background, and which give effect to the provision of pharmaceutical benefits contained in the list of benefits supplied to doctors and chemists.

In a further article I hope to give some of the practical applications of the Act and Regulations in so far as they affect approved chemists. In particular, I propose to explain some of the important provisions, including the more important aspects of pricing. In a third article I propose to draw attention to the obligations of chemists under the provisions of the National Health Act.

## WORLD HEALTH ORGANISATION (W.H.O.)

### Twelfth Anniversary

World Health Day, observed throughout the world on April 7 each year, this year will commemorate the twelfth anniversary of the coming into force of the Constitution of the World Health Organisation in 1948.

The World Health Organisation (W.H.O.) is one of the specialised agencies of the United Nations, and its constitution is based on principles of international health co-operation never before envisaged on so far-reaching a scale.

With the ever-increasing speed of world communications, the nations of the world have become more and more aware that low health standards anywhere are a common danger, and that health is consequently as much a world concern as a national and personal concern. Since 1948 the membership of W.H.O. has increased from 61 to 88 member countries. Many Australian health experts have contributed their services to the W.H.O. field programmes in many parts of the world.

### A World Challenge—Malaria

World Health Day each year has a special theme, designed to focus attention on one particular aspect of its work. This year's theme is "Malaria Eradication—A World Challenge," and from the W.H.O. headquarters has come a range of informative material on the planning and progress of the malaria eradication programme.

The anti-malaria operations that are at present proceeding in 92 countries and territories already constitute the greatest co-ordinated public health programme ever undertaken in the world's history. In 13 of these countries malaria cases have been reduced to a handful occurring sporadically or introduced from outside. However, there are still 56 countries where no effort has yet been made against malaria, and, with the growing DDT resistance of the anopheles mosquito, time is essential to the complete success of this programme.

Of the countries which have tackled malaria through internationally supported, large-scale DDT operations, Greece was the first, and an outstanding example of what can be achieved in the reduction of this disease. Professor G. D. Belios, head of the anti-malaria services in Greece, has said: "In 1938 we had nearly a million cases of malaria and ten thousand people died of the disease. In 1958 we had twelve hundred cases and not a single death, although our population has increased by two million."

### Attacking Malaria With Drugs

The present campaign against malaria, with its complicated insecticide spraying operations, its delicate laboratory work, the enormous transport problems involved and the costly army of workers needed, may seem cumbersome by comparison with the use of large-scale supplies of preventive drugs. Here, the vast numbers of people to be contacted, the difficulties of ensuring proper dosages at regular intervals without proper supervision, and the transient protection of the present preventive drugs still favour the former approach, however cumbersome. Meantime, anti-malaria drugs are being used with considerable success in the treatment of the disease and in the final "mopping up" stages of eradication campaigns, and W.H.O. research is being applied to the development of an anti-malarial drug which will maintain its efficiency for a long period and



# WINTER BONUS OFFER of 'CHEMISTS ONLY' LINE

**'Savlon'**  
ANTISEPTIC LOZENGES

15th MARCH — 31st MAY

## PARCEL 'A'

YOUR PROFIT ON SALES 48.4%

12 dozen tubes 'Savlon' Antiseptic Lozenges • 18 Tubes 'Savlon' Antiseptic Lozenges as Winter Bonus  
YOU PAY FOR: 132 tubes at 2/8 per tube less 5% on a £10 'Savlon' parcel buy ..... £16.14.4  
YOU SELL: 144 tubes 'Savlon' Lozenges at 4/- per tube plus 18 tubes 'Savlon' Lozenges  
at 4/- per tube ..... £32.8.0  
YOUR PROFIT ..... £15.13.8

## PARCEL 'B'

6 dozen 'Savlon' Antiseptic Lozenges • 6 tubes 'Savlon' Antiseptic Lozenges as Winter Bonus  
1 dozen 'Savlon' Antiseptic Cream 30 gm.  
YOU PAY FOR: 66 tubes 'Savlon' Lozenges at 2/8 per tube • 11 tubes 'Savlon' Antiseptic  
Cream at 2/6 per tube, less 5% on a £10 'Savlon' parcel buy ..... £9.13.4  
YOU SELL: 72 tubes 'Savlon' Antiseptic Lozenges at 4/- per tube  
plus 6 tubes 'Savlon' Antiseptic Lozenges Winter Bonus  
plus 12 tubes 'Savlon' Antiseptic Cream at 3/9 per tube ..... £17.17.0  
YOUR PROFIT ..... £8.3.8

## PARCEL 'C'

3 dozen tubes 'Savlon' Antiseptic Lozenges • 3 tubes 'Savlon' Antiseptic Lozenges as Winter Bonus  
YOU PAY FOR: 33 tubes at 2/8 per tube ..... £4.8.0  
YOU SELL: 36 tubes 'Savlon' Antiseptic Lozenges at 4/- per tube  
plus 3 tubes (Winter Bonus) at 4/- ..... £7.16.0  
YOUR PROFIT ..... £3.8.0

**NATIONALLY ADVERTISED — T.V., RADIO, PRESS**



IMPERIAL CHEMICAL INDUSTRIES OF AUSTRALIA AND NEW ZEALAND LIMITED

USE YOUR  
MAILED  
ORDER  
CARD NOW!



## INFLUENZA VIRUS VACCINE

(Polyvalent)

**FOR BEST PROTECTION**

Already the serious effects of influenza are causing havoc in Europe and America. C.S.L. Influenza Virus Vaccine (Polyvalent) provides good protection against the current dominant strains of the influenza virus—types A/Asia and B. In addition, it affords a sound basic immunity against the less common types. Provide your patients now with protection against virus influenza.

The recommended dosage is now —

### ADULTS:

If previously immunized 1 subcutaneous injection of 1 ml. If not previously immunized 2 subcutaneous injections of 1 ml. at 3 to 4 weekly intervals.

### CHILDREN:

Previously immunized (6 to 10 years) 1 subcutaneous injection of 0.5 ml. For children not previously immunized, 2 subcutaneous injections of 0.5 ml. at 3 to 4 weekly intervals.

It is not recommended for children under six years of age, but, if required, should be given by intradermal route in doses of 0.025 ml. to 0.1 ml., according to age.

Available in rubber-capped bottles of 1.0 ml., 6.0 ml. and 20.0 ml.

Further information on the use of Influenza Virus Vaccine (Polyvalent) or any other C.S.L. product is always available from:

**COMMONWEALTH SERUM LABORATORIES**

Parkville, N.2, Victoria

SL262

which can be given in a single dose at long intervals—or preferably injected.

#### From Cinchona Bark to Medicated Salt

For centuries, powdered cinchona bark (which became quinine) was used to cure malaria. The discovery of modern anti-malarial drugs was an indirect consequence of the two world wars. The first synthetic products were obtained in the laboratory between 1924 and 1927 by the Germans, who had been working on the problem since their quinine supplies were cut off by the war. From 1939 to 1945 it was the Allies who manufactured products to replace the cinchona bark, which no longer arrived from Japanese-occupied Java. They had also found a number of synthetic anti-malarial drugs on German prisoners of war captured in North Africa. Continuous research on these and other malaria drugs has been going on ever since.

Although control of malaria with drugs alone has not been found practical in most of the territories in which eradication campaigns are being conducted, quite a new method is being employed in Brazil.

A Brazilian specialist, Dr. Mario Pinott, conceived the idea of adding an anti-malarial drug to the cooking salt used at every meal by the people of the Amazon zone—in the same way as iodine is added to the salt in regions where goitre is present in endemic form.

The first experiment was made in the State of Para. Two zones were created—an experimental zone containing nine hundred inhabitants, and a control zone with four hundred inhabitants. After forty days' use of the anti-malarial salt there were only two cases amongst the nine hundred inhabitants of the experimental zone. One was a newly born, breast-fed baby, and the other a stranger who had only been in the zone for the last three days.

In view of these results, the World Health Organisation has asked scientists in U.S.A. to undertake further laboratory research. W.H.O. is also proposing to help a number of countries to try out this new method, which seems to promise good results in areas where classic spraying operations meet particularly great difficulties.

## Classified Advertisements

The charge for these Advertisements is 5/- per line, with a minimum of 15/-, payable in advance.

**FREE PRESCRIPTIONS PRICED:** New Scheme given prompt, precise attention. Price £1 per 100 scripts. B. A. Kennedy, 6 Campbell St., Abbotsford, N.S.W.

**MRS. G. HEATHERILL PRICES P.B.A. AND P.M.S. SCRIPTS.** All claims given prompt attention and submitted for payment. 23 Page Ave., Garden City, S.C.7 MJ 2102.

#### PRESCRIPTIONS PRICED

Miss M. Lang, Ph.C. (with seven years' experience in this field) will price all N.H.S. scripts. Cheap and efficient service. Further particulars, write Box 191, Bairnsdale (Vic.). An excellent mail service to Bairnsdale makes this almost as close as your nearest post office.

**ATTENTION!** Save valuable time by having your N.H.S. Scripts priced. All pricing done by experienced staff—returns treated as strictly confidential and promptly lodged. Rate of charge, 1½% on P.B.A. and P.M.S. scripts. Send scripts and signed claim forms to **SPEEDY PRICING SERVICE**, Box 43, P.O., Broadway, Brisbane.

**FOR LEASE, LOCK-UP SHOP:** shopping area. No opposition Chemist. Low rental. Mrs. Eiccnof, 57 Ormond Rd., East Geelong. Phone 9 4445.

**WANTED TO BUY,** Pharmacy with turnover of £25,000 or above. City, near city, or south or south-eastern suburbs. Cash sale. Reply Chemist, 60 Ardrrie Road, East Malvern (Vic.).

Row of Seven Shops (six occupied and well established), one of them a Doctor's Surgery, are **LOOKING FOR A CHEMIST**, excellent opportunity, large population (South Australia), no opposition, low rent, no key money. Replies to "No. 1360," c/o "A.J.P." Office, 18 St. Francis Street, Melbourne.

**FOR SALE:** Freehold Shops with Dwelling, also Lock-up Shops. Vacant possession.

**TO LEASE:** Lock-up Shops, no ingoing.

**WANTED:** Pharmacy Businesses, freehold or lease.

**MAHONY'S AGENCY, R.E.S.I.,**

239 Collins St., Melbourne. MF 7437, 63 7438.

**R. V. U. ROTHWELL**  
**STOCK & SHAREBROKER**

Member of The Stock Exchange of Melbourne

**BANK OF NEW ZEALAND CHAMBERS,**

349 COLLINS STREET, MELBOURNE, C.I.

Phone: 62-3660.

**QUEENSLAND COUNTRY PHARMACY FOR SALE,** T.O. £10,500. No opposition. Stock £2300 (approx.). F. & F. £600, inc. new cash register and typewriter. Long lease at £3/10/- p.w. or freehold if required. Furnished modern home also available if required. Excellent opportunity for young chemist in expanding and progressive district. Apply "No. 4360," c/o "A.J.P." Office, 18 St. Francis Street, Melbourne.

**ELI LILLY (AUST.) PTY. LTD.**

seeks applications from Qualified Pharmacists for the position of Medical Representative in Adelaide and near country.

**AGE 25 - 35**

Commencing salary £1,500 per annum

A car allowance is provided, together with free medical and life insurance.

Please reply to:

Field Supervisor, Eli Lilly (Aust.) Pty. Ltd.,

16 Renown Street, Nth. Balwyn, Vic.

**SHOP SITE** especially suited for chemist available in new and growing local shopping centre in **OAKLEIGH (VIC.)** district. No near competitor. For particulars contact owner, Mrs. H. M. Colman, 51 Orange St., South Oakleigh. Tel. 57 5542.

**TO SELL YOUR PHARMACY**, you require an independent, impartial and unbiased opinion of its merits and value. Mr. L. W. H. WALKLING, Ph.C., M.P.S. (Licensed Estate Agent and Business Assessor) of 16 Jordan Grove, Glen Waverley, Vic., offers you personal and completely confidential Sales Service plus prompt attention and direct action. Tel.: 560-9206, all hours.

**COUNTRY PHARMACY** (35 miles Melb.). £1500 deposit buys sound dispensing and Vet. business clearing £70 week. (Vendor's terms 6% int.). **NO OPPOSITION.** Estab. 20 years. Comfy 5 rm. W.B. Home and 3 acres available on low deposit £2650. **UNIQUE OPPORTUNITY FOR ENTERPRISING MAN.** Partics. L. Walkling, Ph.C., M.P.S., R.E. & Business Agent, Jordan Gve., Glen Waverley, Vic. Tel. 560 9206 anytime.

#### EXCELLENT BUSINESS FOR SALE

**EAST SUBURBAN PHARMACY** (Melb.). Ultra-mod. D.F. Shop, 22 x 21. Beautifully fitted. Perfect lighting and equipment. **TRAM STOPS AT DOOR.** T.O. now £18,000 p.a. is rising steadily. Purchases £11,500. **DE LUXE** furnished dwelling attached, inc. Super W.W. Carpets, Refrig, Malley W.M., E.H.W.S., etc. **10 YEAR LEASE** (consider offer for freehold). Goodwill £4,000. Fittings £1,500, plus S.A.V. (approx. £3,000). Full partics., L. WALKLING, Ph.C., M.P.S. (Sole Agent), Jordan Grove, Glen Waverley, Vic. Tel.: 560-9206.



# The Intervention of Government in Patient-Doctor Relationships Swedish Experiences

*By Walo von Greyerz, M.D., Stockholm, Sweden*

An intelligent appreciation of the prevailing problems in the field of health and medical care in Sweden necessitates as a matter of course a retrospect glance at the past and present structure of our organisation for health and medical care.

Let us begin with **open care**, which in Sweden is the term used for all medical care rendered to patients who are not hospitalised—regardless of whether they receive this care from a private practitioner or at an out-patient clinic. As far back as 200 years ago an institution was inaugurated which still exists and still plays an important and perhaps unique role. Throughout Sweden were appointed State and municipal health officers with the double function of caring both for the health of the population and for the sick. The sparse population made this necessary. At present 13 per cent. of the Swedish doctors belong to this venerable category, two centuries old. Their duties cover general preventive medicine, such as pre- and post-natal care, vaccinations, tuberculosis prevention, inspection of school children, control of such general facilities as water, sewage, waste-disposal, milk and food distribution, just to name a few. Along with these, their salaried duties also include sick-care free of cost for all people without means in their district. Outside this group they practice on a fixed fee-for-service basis. They number about 10 per 100,000 inhabitants as compared with the whole country's total of 71 doctors per 100,000 inhabitants.

Alongside with these doctors in the service, open care is provided by practitioners and within hospital reception facilities. Private practitioners comprise about 21 per cent. of all doctors in our country, corresponding to a ratio of 16 private practitioners per 100,000 inhabitants. They are unevenly distributed throughout the country, being mostly concentrated in the urban areas. They operate on a free fee-for-service basis. Of practising doctors 40 per cent. are general practitioners, the proportion between specialists and general practitioners varying, as is to be expected with the size of the town. In small communities about 4/5ths are general practitioners, in large cities 1/5th.

Hospital reception facilities for open care are organised in several ways, mostly as out-patient departments and private consultations with senior hospital staff physicians. Most of this care is on a fixed fee-for-service or standard-charge basis. Service is rendered by both senior and junior staff physicians. Private practitioners outside of hospitals have only access to their technical facilities for referring patients for example to X-ray or laboratory.

Of interest is the fact that 40 per cent. of all medical activity is in the open care. A statistical analysis five years ago shows that the number of consultations in open care was 190 per 100 inhabitants during one year. Seventy (70) of these consultations concerned private practitioners. This means that 40 per cent. of all open medical care is in the hands of the free medical sector, a fact that must be held in mind when we subsequently pass over to a critical perusal of the present and future trends in medical politics.

A special feature in Sweden is an arrangement that provides sick-care, free of cost for the patient, to all State or municipal employees and also to personnel in certain large industries. The patients are assigned to certain private practising doctors, who give their services mainly on a **free** fee-for-service basis. Doctors' fees are paid by the employer.

**Hospital care** is rendered nearly exclusively in general hospitals, either administered by the State, mainly teaching hospitals, by regional authorities or, in the six largest cities, by municipal authorities. Only a very few private hospitals exist. Patients are referred to a hospital within their own region of taxation. Only the teaching hospitals cater for sick from the whole country. Care at a hospital is free for all people without means. Others pay a nominal fee covering about 1/10th of the actual cost to the community, and in most cases even this nominal fee is paid by our compulsory sick-insurance, to which I will return later. Many hospitals have a small number of private or semi-private beds at a cost to the patient of about five to ten times that of the general wards. Even here the community subsidises sick-care by paying the balance up to the real cost per bed, which now amounts to 10-15 dollars a day. Doctors are remunerated by monthly salary, in many cases augmented by practice in the out-patient department. It must be realised that medical practice in Sweden makes a sharp distinction between doctors outside of or belonging to a hospital. Practitioners working on their own must, when the situation of the patient so requires, refer him to a hospital, where he will be taken care of by other colleagues. When discharged from the hospital, patients can be referred back to their doctors or treated subsequently at the out-patient department as the occasion demands. This system implies that a private practitioner in referred cases finds his responsibility cut off during the most acute—and perhaps most interesting—stage of the patient's illness, and that he must adjust himself to a discontinued care covering only pre- and post-hospital treatments. We find this segregation of field work from hospitals both unnatural and ill-advised.

And now a few words about our **sick-insurance scheme**. Apart from private individual insurance against illness there has existed for half a century a general insurance scheme, on a voluntary basis, built on insurance principles, even if the State contributed. This was popular in urban areas and among the middle-income bracket. It provided for benefits in illness, reimbursement of doctors' fees to a certain extent and total reimbursement of hospital fees. Apart from this general scheme, there was a compulsory insurance for wage-earners, paid by taxes, covering professional accidents or illnesses. In 1954 our Government enacted a new law which makes insurance against sickness or accidents compulsory and covers the whole population. The premiums are baked into the State taxes. The insured receives during illness a certain proportion of his income according to a rather complicated scale. His hospital-fee is also taken care of if he lies in a general ward. Open medical care is reimbursed in such a way that the patient receives three-fourths of a nominal fee.



**Safe  
and  
Effective**

.....  
*Pholcodine  
and  
Papaverine  
in*



**A Cough Linctus** *for all—  
and especially for children and the aged*

**PHOLCOLIN D·H·A**

PHOLCOLIN is available in  
bottles of 4, 16 and 80  
fluid ounces.

Each fluid ounce contains pholcodine gr.  $\frac{1}{2}$  and papaverine sulphate gr.  $\frac{1}{5}$  in a very palatable flavouring.

**Pholcodine** is effective in controlling unproductive cough in children and in old age. It is less toxic than codeine and its side effects are also less.

**Papaverine** has a useful anti-spasmodic effect in bronchial spasm.

**Dosage and administration:**

**Infants.** Up to one-half teaspoonful according to age.

**Children:** Up to one teaspoonful according to age.

**Adults:** Up to two teaspoonfuls.

**Three times a day**

**and double dose at night**

**Pholcodine:**

"Young children tolerate daily doses of 10 to 40 mgm. without side effects, and for paediatric work pholcodine would appear to be far safer than codeine." — *Cooper, P., The Pharmaceutical Journal, 1954, 468.*

"It is less toxic than codeine and is effective in smaller doses. It is well tolerated by infants and children and does not cause constipation or digestive upset." — *Martindale, 24th Ed., Vol 1, p. 935.*

**Papaverine Sulphate:**

"Dose 2 to 4 gr. . . . It is said to be non-toxic in single doses up to as much as 1 gm." — *Martindale, 23rd Ed., Vol. 1, 792.*

Distributed throughout  
Australia by  
all D·H·A Houses

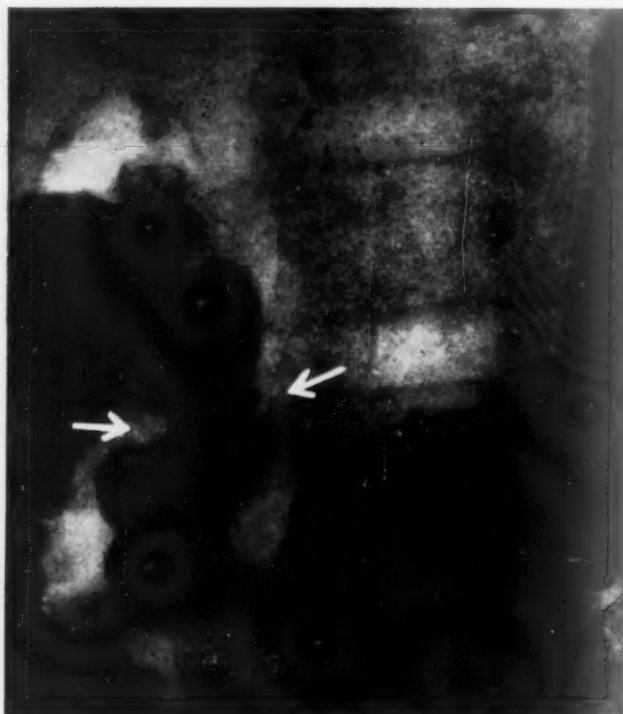
**Pfizer**

**NEW**

**Economical Efficacious**

**DARICON\***

BRAND OF OXYPHENCYCLAMINE



**PACKAGE INFORMATION**

**DARICON Tablets 10 mg. 60's**

— white, scored tablets.

**For**

**night and day control of  
PEPTIC ULCER**

Daricon (Oxyphencyclamine) is a new anticholinergic agent characterised by long duration of action. Hitherto anticholinergic agents had a limited use in that their action in inhibiting gastric secretion was relatively short.

Daricon, having a duration of action of 9-10 hours, gives adequate control of the ulcer patient during the important over-night sleeping period.

REFERENCE: \* Piper et al., M.J.A., 13/2/60. "In this study on insulin-stimulated secretion, oxyphencyclamine administered ten hours previously was shown to have an inhibitory effect on acid and pepsin equivalent to 30 mg. of propantheline given three hours previously; . . ."

**Pfizer**

**PFIZER CORPORATION, BOX 57, P.O. WEST RYDE, SYDNEY**

\* Trademark of Chas. Pfizer & Co. Inc.

AUS 2133

The nominal fee is defined for different services rendered, and is solely a matter between the insurance authority and the patient. The doctor, when not tied to a tariff, is free to set his own fee. The patient pays the doctor the whole sum, receives a specified receipt, goes to the insurance office and receives his due reimbursement. Preventive medicine or other medical measures concerning health protection are not as yet covered in this scheme. All medicines above a cost of 3 crowns are subsidised to 50 per cent, certain vital lifetime drugs to 100 per cent. As yet there has been no tendency to issue a list of drugs entitling to subvention. Any such an attempt would be violently opposed by the profession.

After this short review of the outlines of our organisation, I will now proceed to the main object of my study. The time at my disposal necessitates a condensation of the subject and also stresses the impossibility of making it in any way comprehensive. Allow me to give it the form of kaleidoscopic marginal notes.

To begin with, I would like to point out that the political climate in Sweden has undergone a change during the last half-century, a social evolution that rightly should be named a revolution. During the second decade of this century and under the influence of repercussions of the First World War, our country went through the throes of forming the new social order. As is historically natural for a country with a long-established and continuous development of its own, this process, however, was carried through without undue or irreparable upheavals, and resulted 27 years ago in a social-democratic Government, standing on a Parliamentary majority platform. And this Government still presides, albeit with a rather precarious margin the last few years. Theoretically Marxistic, but in practice seemingly moderate, the Government, during its many years of power, has put through social reforms so far-reaching that one can state with impunity that the wrongs that originally nourished the party's reformatory zeal now have been rectified. Self-conscious class-distinction is—or should be—disappearing. The standard of living is very high and quite uniform. Political interest is mainly concentrated on differences of opinion in the economic and social fields. Defence policy and foreign affairs leave us lukewarm. Social policies absorb 35 per cent. of the national Budget. The total cost for health and medical care is twice the sum of defence costs.

In the field that interests us today, health and medical care, we can follow the impact of political guidance of our country's development in the last half-century.

The present standard of medical care that the majority of our people now enjoy is partly a result of the purposeful pursuit of the present Government's doctrines. This implies that the Government has had both the desire and the obligation to support the socio-medical needs of the people, highly inspired by the ILO Philadelphia recommendations. The programme in the medical field has been and still is so far-reaching that private capital would be incapable of attaining the same goals. The dynamics of democratic politics must necessarily imply that promises in the socio-medical field automatically imbibe their future implementation with a quality of compulsion. The result can be disappointing. The tragedy lies in the fact that Government and the profession have the same goal, the rendering of the best medical service possible, but our opinions of the means diverge.

In older times there existed a feudalistic trend in medical affairs. Doctors had and were given authority. Nowadays we see the opposite tendency. Political compulsion demands that politically reliable individuals stand at the controls so as not to endanger the politically desired results. Medical competence is brushed more and more aside. We now see how political power dominates in all stages. Royal committees, regional and

local boards, hospital boards, are often furnished with only an uninfluential minority of medical experts.

One of the reasons for this state of affairs is the political indifference of the medical profession in Sweden. Few doctors are actively engaged in political activity and still fewer confess openly their allegiance with the Government party. Those that do so are quite naturally engaged in such positions where they can implement their double function of expert and politician.

Taking at random one item, let us see what has happened in sick-insurance. It was a political necessity to make the new insurance scheme compulsory. A voluntary scheme was politically unfeasible as long as there was risk that the sector of the people that most needed it would or could not co-operate. The scheme was put across without due consideration to the views of the medical profession. A bureaucratic monstrosity was the result. The extra paper-work now involved has been estimated to take about 1/10th of the doctor's time, meaning that during the time we formerly helped ten patients we now help nine. The forms for receipt are unnecessarily complicated and must be filled out minutely. Services rendered must be enumerated by a special code. Inadvertencies in the filling-out result in subsequent correspondence with the insurance authorities. The patients queuing-up to receive their benefits can be subjected to interrogation in public and the doctor can be asked to give detailed information on his treatment. The companies have controlling-doctors with the special function of acting as a liaison between insurance authority and doctor. But the authoritative attitude of the insurance officials puts both the patient and the doctor on the defensive. Compulsory insurance acts as a wedge in the relationship of confidence between patient and doctor. Instead of relying on his doctor as a friend solely interested in his well-being, the patient must now look at him as a necessarily intermediate agency between himself and the insurance company, whose activities must be directed towards a maximum of economic benefit. And the doctor now finds that every case implies that he functions both as the patient's confidant and as a watch-dog of officialdom. He is no longer only the patient's doctor, but also in part a civil servant.

Of course this is in itself nothing new; the same double function has persisted a long time in relation to many other functions where doctors' certificates constitute a necessary prerequisite. What is new here is that this double role of the doctor is now evident every time he and a patient meet.

Both this sick-insurance and other forms of medical-social benefits have other consequences. Patients are now getting so used to all these forms and inquisitive correspondence that they are losing their natural feeling of their own rights. Above all, they lose their right to personal integrity. One of the corner-stones of our profession is the patient's confidence in our professional secrecy. The larger the medico-social structure becomes the more necessary it is for the authorities to command the right to inspection. And now we are coming to the heart of the problem, the point where doctor and Government must diverge. By rule of law we Swedish doctors may not divulge unnecessarily anything that has passed between patient and ourselves. Government gives the word "unnecessarily" a narrower interpretation than the doctor. A conflict of conscience results. Blind to the consequences of development or in order to avoid discomfort, the doctor can be led to comply rather with the will of Government than with the unspoken wish of the patient. Medical information is thus disseminated to wider and wider groups. As time goes the result may be that the old confidence in the doctor is replaced by a conviction that he is an instrument for spreading of information. I feel that this is the most dangerous trend in modern socio-medical development. Thus this trend works surreptitiously, un-



ostentatiously undermining principles of supreme importance.

It is axiomatic that the more the doctor becomes a civil servant the greater must be his allegiance to the Government. It follows that the wider we can keep our free sector of medicine the larger will be our possibilities of defending the patient's right to personal integrity.

The danger is that the Government often makes progress by plucking one leaf of the artichoke at a time. We cannot see the disadvantages until so much of the vegetable is taken that the result is irreparable.

A special danger lies in discrimination of any section of the profession. In our country we are happy to have four medical universities with such standards of education that we can say that no essential difference exists between them. A doctor in Sweden with *licentia practicandi* is in equal standing irrespective of which school he is a graduate. Notwithstanding this excellent foundation, common to all of us, we find discrimination in many fields. Most ostentatious is the relationship between the official health officer and the private practitioner. In diverse official regulations it is stipulated that only a certain category of doctor may issue an official certificate. A private practitioner who has tended a patient his whole life is in certain cases not entitled to issue a certificate for the same patient's cremation, for instance! Sick-insurance does not cover transportation costs of patients to a specialist if the specialist isn't appointed to a general hospital. A private practitioner may not send a patient to a hospital outside his region, but a staff physician in the local hospital may do so. Vaccination against small-pox is compulsory; exemption is allowed only on a certificate from a health officer. A Royal Decree stipulates that doctors catering for the employees of State or community must be chosen firstly among official health officers. These instances are just a gleaming among the underbrush of bureaucratic formalities that put medical care at a disadvantage and at the same time discriminate against certain categories of the profession.

We find discrimination in other fields. A private practitioner has, of course, much larger consultation costs than his colleague in a hospital. His fee must be accordingly higher. But the sick-insurance reimburses according to a fictitious nominal fee. The practitioner often feels it is in the interest of his patient to reduce his fee to coincide with the nominal, a consideration the hospital doctor with his lower fee does not have to take.

Discrimination against the private practitioner has many branches of damaging influence. Only the health officer may serve in certain semi-official capacities, such as school doctor, railway company doctor, preventive medical centres, night duty at police stations or alcoholic polyclinics. Along with his salary, he is at the same time subsidised by the Government with fringe benefits, sick pay, pension, low rent, and is obliged to follow a low and fixed fee-for-service. In smaller communities it is therefore quite natural that a private practitioner is working at a disadvantage. He may not augment his income by taking over his colleague's semi-official activities. As we said before, his fee is artificially held near the nominal insurance scale. He must nevertheless press his income from practice higher than his official colleague to meet the extra costs of rent, sick-insurance and retirement. He must also be prepared to answer his patients' questions on why he is not entrusted with certain medical duties. How have these strange anomalies come to pass? Probably through the fact that a health officer is obliged to pass certain post-graduate training at hospitals before assignment and competition was earlier so keen that this training gave him a high and all-round standing. The general practitioner was not always so well trained. He had too much to do in urban areas, sparsely popu-

lated areas gave little room for private practice alongside a health officer. Great difficulties prevailed also for their housing there, and conditions were on the whole favourable for an expansion of official activity. Nowadays the conditions have changed. Competition to official assignments is not so keen, and general practitioners are now taking many years post-graduate training as a matter of course. Our Medical Association is just working on the question of prerequisites for certification of general practitioners. With this in mind it would seem realistic to give the general practitioner the same professional standing and the same professional rights as his official colleague.

Let us now take another angle. The high cost of medical care, accelerating alarmingly, once upon a time compelled the Government to concentrate its efforts on hospital care. This was also politically expedient. The high standard of Swedish hospitals gave rise to a confidence in technical facilities that dwarfed the less scintillating environments in open care. The total reimbursement of costs in hospitals gave patients reason to seek such attention rather than the more expensive open care. When other than pure medical considerations determine the flow of patients the results must become unsatisfactory. The demands on hospital care rose to a height that they could not be met and at the same time the daily costs per bed rose prohibitively.

To meet this and to give the people less expensive care, the Government has been forced to turn and has set up a series of different kinds of out-patient departments, either in connection with hospitals, which is the rule, or separate from them. The out-patient departments account for 30 per cent. of the total number of consultations in open medical care. Although their facilities are often excellent, and the actual medical work there is of good standing, experience has not been favourable. The great number of patients to be treated in a short time gives rise to a type of activity that excludes personal contact. Patients complain of long waiting hours, of disrupted diagnostic procedures, of lack of privacy, and above all the difficulty of getting assurance of continuous treatment by the same doctor and a good heart-to-heart talk with him. They feel like numbered objects put into a complicated machine, where a doctor—any doctor—is one of the cogs among all technical niceties and laboratory procedures. Without risk of contradiction, one can state that this form of subventioned care therefore does not meet reasonable demands, it is not really comprehensive.

In a so-called well-developed country as Sweden, medical care must embrace both social, economic and personal aspects. One or all of these have a tendency to be overlooked as soon as the medical apparatus grows to such an extent that the main object of its activity, the patient, loses his identity and becomes a mass-particle in an organisational process whose demi-god is named Efficiency. Here again we touch on a main-spring in our deliberations today, the supreme importance of continuous personal contact between patient and doctor.

We can now discern a trend to re-establish the old institution of the family doctor, to raise his social standing and to give him such support that both the profession and the Government can realise that he is the hub of the medical care system.

During the last years a continuous discussion has been carried on concerning the number of doctors needed in the future to meet all the demands that medical and social development can raise. Large deficits exist in certain fields, such as mental care, chronic care, rehabilitation. Unfortunately this question has to some extent been tainted by politics. The results of different investigations stand at variance. The Government is pushing through an energetic programme to augment considerably the number of doctors in the coming



More and more scripts  
are being written for

Cilicaine

Cilicaine Syringe\*

Cilicaine Suspension\*

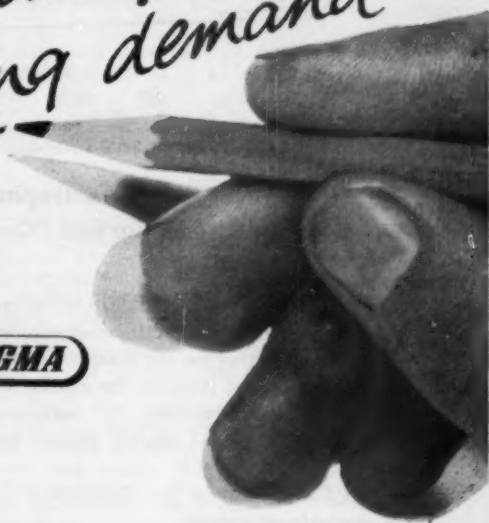
Cilicaine - V.K. Tablets<sup>+</sup>

Is your stock adequate  
for this increasing demand?

\* P.B. ITEM 593

+ P.B. ITEM 595

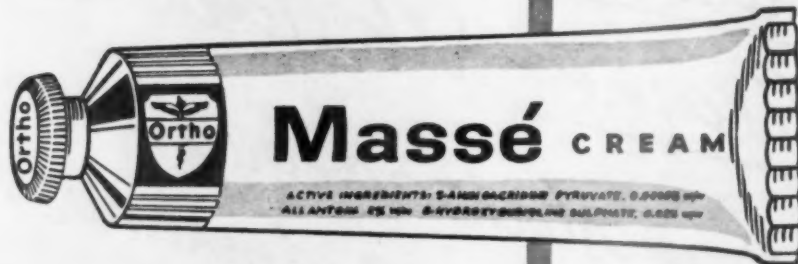
**SIGMA**



# For Nappy Rash Urine Scald Pruritus Ani Minor Burns Abrasions

*Massé Cream is a valuable and proven treatment for the relief of nappy rash, urine scald, Pruritus Ani, minor burns and abrasions.*

*It is soothing, easy to apply and, unless the case is most severe, one liberal application is sufficient.*



M. FP4.A

## **Massé** The versatile Antepartum and Postpartum Cream.

(Trade Mark)

Massé is highly recommended for antepartum breast conditioning and postpartum nipple care. When applied during the last three or four months of pregnancy, Massé prepares the mother-to-be for comfortable healthy nursing . . . safeguards the health of her child — nature's greatest heritage.

★ Supplies of leaflets for Antepartum Therapy are available on request.

## ADVANTAGES OF **Massé**

Massé is odourless, tasteless and non-toxic. It is readily absorbent and does not stain or soil clothing. When used for breast conditioning and nipple care, nipple shields are not required, and breasts need not be washed prior to nursing.



**PHARMACEUTICAL  
COMPANY, SYDNEY**

decades by enlargement of training facilities, shortening of training curricula for medical students, and even through import of doctors from other countries. The Medical Association is more restrictive and wishes to put emphasis in the future more on an intelligent reorganisation of existing facilities, a better congruence in the establishment of technical and personal outfits, an adequate distribution of patients to relevant forms of care, a greater emphasis on open care in the free sector. They also aim at attaining such reforms in sick-insurance and other economic factors of relevancy that may give the individual patient a larger feeling of responsibility.

Scientific and technical progress, a rising demand for medical care, partly as a result of a very high standard of living, and the general impetus of socio-medical development will certainly strain to the utmost our possibilities of meeting the requirements in the future. Without doubt the relative as well as the absolute number of doctors must be increased. The difficulty lies in envisaging where in this gigantic process there lurks the danger that vital needs of human contacts between patient and doctor can be overlooked. The number of doctors is actually less essential than their quality, as long as they have access to an adequate number of qualified auxiliaries. Their moral and professional stamina is paramount. If in the future our country should be led to such a development that the present deficit in the number of doctors should be changed into an excess, dire dangers would arise. The high professional standard that admittedly exists at present is also nurtured by competitive necessity. Good social and economic standing gives the doctor peace to direct his energy towards his patients and his work without undue influence. Even the slightest risk of a proletariat among doctors can prove to be dangerous. Those individuals in the profession that lack moral courage to stand up against a descending professional standing will very likely be tempted to indulge in over-diagnosis, over-treatment, loose morals in certification and eventually a submission to political considerations.

I turn now to another imminent danger. A leading theme in the political field has been the introduction of a successively shortened working week. This has been put through in the labour-union sector of hospital personnel. Now also the nurses have brusquely had their working hours regulated. Doctors have taken it as a matter of course that their specific kind of responsibility excludes both the need and the feasibility of a fixation of their working time. But the Government finds it difficult to negotiate with a party which can refer to working conditions that cannot be evaluated in money. With fixed working hours following fixed income, fixed income means civil service, and civil service leads to lack of professional freedom. Here I must return to the main theme of this paper, the necessity of retaining the largest possible sector of medical care free from administrative and political intrusion. We often meet the insinuation that our preoccupation with professional freedom and professional secrecy is dictated by egotistical and monetary motives. Apart from the obnoxiousness of this accusation as an insult to a profession not lacking in social conscience, it overlooks the fundamental fact that for the majority of the doctors of our country the fate of the patient dominates over personal greed. Are they in good faith who would imply that doctors working 12 hours a day, giving up sleeping hours, driving in all kinds of weather and giving consolation along with treatment, are driven to such unusual behaviour by simple sordidness? Granted that such selfish individuals exist, they constitute nevertheless such a minority that the motives of the majority should be respected. In a world so imbued by materialistic ideology it is of course difficult to make lay administrators understand the value to the community of such motives. Has political power and ideological blindness made it impossible for responsible authorities to realise that the present stubborn rigidity

of thought in the field of working hours can have consequences as dangerous as they are absurd? A doctor who looks at his watch at 5 o'clock, who weighs his patient's need at that time of the day against the allurements of his due overtime pay, who sends his patients away if they come outside of official working hours! Will the patient still look up to his doctor as his friend primarily at his service when the doctor considers himself the servant of the State?

One of the main features of the present policy is a widening of the sector with fixed fees-for-service or salaried remuneration. A new hospital law decrees that senior staff physicians are not allowed free or fixed fees for service given in private wards in general hospitals. Open medical care in out-patient departments has been organised without the hearing of medical advice and with fixed fees. Government offers these hospital physicians compensation with a higher salary and a better pension. Slowly but surely the number of doctors drawn partially or wholly into the civil service sector is growing. They are beginning to demand social security for themselves to such an extent that they run the risk of losing their freedom. Are they to blame in a world of dire uncertainties?

If we were to peruse the long list of activities in the Swedish Medical Association during the last decades and at the same time follow the steady flow of governmental proposals, schemes, decrees and laws conditioning medical services in our country, I am afraid I would have to beg you to listen to me during the rest of the day. The items would hardly throw more light on the subject than has already been offered, as many of our problems are so intricately interwoven into the specific structure of our Swedish community that they necessitate an intimate knowledge of local conditions. I will therefore abstain from this.

In conclusion, I would like to stress that, although my address has been pitched in a rather critical tone, it would be a mistake to think that Swedish doctors are unhappy in their work. With all its defects, our country still offers its doctors rich opportunities to help the suffering and thereby to feel satisfied as human beings. But it will take great vigilance and foresight on the part of those responsible for the policy of our Medical Association and a closing of our ranks to find ways and means to disperse the mists of political envelopment. Our goal must be to guard and promote the existence of a medical profession which has professional freedom and the right to mould the relationship between the patient and his own doctor in a way which age-old experience has proved the only one leading towards the attainment of complete mental, physical and social well-being.

(Paper read at the Congress of the Pharmaceutical Manufacturers' Association in New York, December 9, 1959.)

### TINCTURE FERRI PERCHLOR

Over a comparatively short period, two cases of damage to tissue, allegedly because of the application of Tincture Ferri Perchlor to open wounds, have been brought to the notice of the P.D.L. Board.

A case in Victoria had its origin with a carrier tearing his finger on a nail and calling at a pharmacy for first-aid treatment.

A more recent case in another State is the subject of a claim at the moment, and for that reason no details can be given.

The P.D.L. Directors, however, urge all chemists to avoid the use of Tincture Ferri Perchlor in this way because of the untoward results that sometimes follow.

Those who engage in the piercing of ears for earrings might decide to dab a little Tincture Ferri Perchlor on the spot should there be a haemorrhage; but it is suggested that other means of stopping the bleeding might prove less hazardous.



# Pharmacy and Pharmaceutical Education in South Africa, The United Kingdom and South Australia

Summary of an address delivered by Mr. B. L. Reynolds at the half-yearly meeting of the Pharmaceutical Society of South Australia on February 19, 1960

## SOUTH AFRICA

South Africa consists of four provinces in which a single Pharmacy Board controls the examination and registration of pharmacists. There is a single Pharmaceutical Society with branches throughout the provinces. There is no separate Guild of Pharmacists as in Australia. The bulk of the population is in the industrialised Transvaal. Natal is the only province limiting the number of pharmacies in accordance with the spread of population.

The towns in general appear to have an abundance of pharmacies, whereas the country districts have almost too few. Competition in the towns appears to force the retail pharmacist further and further from the classical concept of pharmacy. In many instances, particularly in the cities, the chemist is expected to extend credit facilities to all Europeans, and "books" of £8,000 to £10,000 do not appear to be exceptional.

The customer demands, and gets, exceptional services from the pharmacist. Three examples will suffice: A customer telephones, "Please collect our dry cleaning from . . . and deliver it home. Charge my account with the bill." Another form: A customer comes to the pharmacy and pays £2 or £3 off the large account and then selects £4 or £5 of goods to be delivered and charged. The generality of charge accounts is illustrated by the fact that shop girls earning about £25 per month have regular accounts of about £30 against their name and are therefore always in debt.

In the country towns or "dorps," the pharmacist may tend towards becoming a general merchant. Credit facilities must be extended, particularly for the farming community.

There are a large number of Benefit Societies, such as the Mines Benefit Society, Police, Armed Services, Garment Workers and Allied Trades, Canned Food Workers, etc.

A medical officer of health is available for consultation in all areas, by white and black alike. The prescribing of such an officer is not limited, and where necessary the most expensive drugs are prescribed without fee.

The pricing tariff of many benefit societies is of the following order: An 8 fl. oz. mixture with a tablespoonful dose is about 2/- plus the cost of expensive ingredients at tariff rates. Ethicals fetch retail price plus 1/3 dispensing fee.

The standard tariff for the public for an 8 fl. oz. mixture, tablespoonful dose, is 6/-. If the ingredients cost more than one-quarter of this figure, at tariff rates, then the difference between the cost of ingredients and one-quarter of the basic dispensing fee, plus 50 per cent. of this difference, is added to the basic price.

Medical detailing is intensive and leads inevitably to "dead stock" and also inflates credit. In general it appears that the public is well educated with regard to drugs; the public also considers that the pharmacist does very well economically.

It is necessary to remember that the population of South Africa is made up of about 12 million "blacks"

and only about three million "whites." The latter group are sharply divided politically and much friction exists between these "white" factions. This is less publicised than the colour bar.

In both town and country there is a large "native trade." This is in terms of cash sales, and certain pharmacists have tended to seek such trade. Hair straightening preparations, bleaching creams, "blood purifiers" and purgatives are sought after by natives, as well as the more normal wares.

The native has a rather irksome habit of purchasing and paying for one article at a time. Such practice hardly benefits the "entente cordial" between the racial groups.

The pharmacist has two big competitors in the economic field. On the one hand, the chain store and the grocer who factor a very large range of non-scheduled pharmaceuticals and toiletries; and on the other, the dispensing medical practitioner, more especially in the country districts, who in many instances causes the pharmacist substantial economic loss.

Regulations forbidding doctors in South Africa to dispense medicines were promulgated in 1807. These were rescinded in 1891, apparently on the grounds that it was impossible to enforce them.

Manufacturing houses exist in the large towns, many firms of international repute being represented. Except for the international houses, a country-wide amalgamation of pharmaceutical manufacturers and distributors has been in progress.

Quite recently South African druggists introduced large vans, carrying ethicals, which tour the suburbs of Johannesburg and are in radio contact with their warehouses. These vans carry motor scooters, and it is therefore possible for the chemist to phone an order for an ethical and to have it delivered within minutes.

"Depots," controlled by the Pharmaceutical Society, are established at strategic points in many of the larger towns. The depot provides an after hour dispensing service only. A pharmacist is therefore certain of his leisure hours, where these exist.

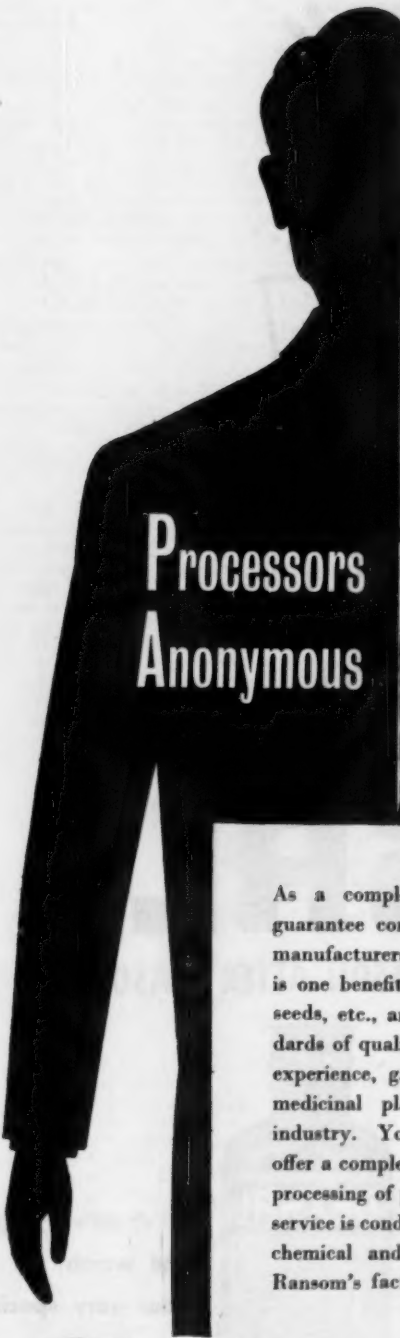
In general it would seem that the lot of the pharmacist in the larger towns is deteriorating somewhat; in the country towns, however, great opportunities exist.

## The Educational System

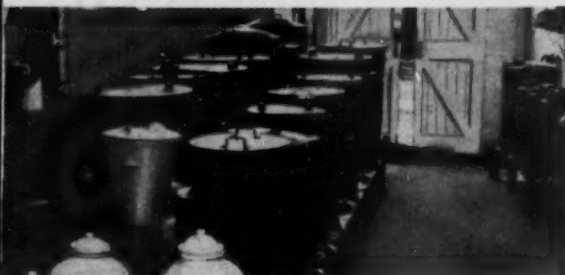
It will be of interest to you to give now a brief review of the educational system in South Africa and also that in the United Kingdom. In South Africa there are two routes to a pharmaceutical qualification—the Diploma of the Pharmacy Board and the Degree. The Degree course is instructed at Rhodes University in the Cape Province and at Potchefstroom University in the Transvaal. Various technical colleges train for the Diploma course. The Pharmacy Board registers individuals holding either qualification.

The Diploma course is as follows: First year of academic studies in Botany, Chemistry, Physics and





## Processors Anonymous



As a completely self-contained family business Ransom's can guarantee conditions of strictest confidence to all wholesalers and manufacturers using their Trade Processing Service. This, of course, is one benefit among many. Send them your roots, barks, leaves, seeds, etc., and expect nothing less than the highest possible standards of quality in the finished product. Ransom's unique skill and experience, gathered in over a century of growing and processing medicinal plants, is recognised throughout the pharmaceutical industry. You are invited to use it and to note that Ransom's also offer a complete service—from raw materials to final packing—in the processing of proprietaries to your private formulas. This specialised service is conducted under the supervision of qualified pharmaceutical, chemical and research personnel in the modern laboratories of Ransom's factory at Hitchin. Trade enquiries are invited.



**WILLIAM RANSOM & SON LTD.**

**HITCHIN • HERTFORDSHIRE • ENGLAND**

*Inquiries are invited direct or through our representatives:*  
H. W. WOODS (PTY.) LTD., Clifford Street, Huntingdale, Victoria, Australia.



**THE STIR OF  
THE SEASON**

# DEXSAL

**SETS NEW SALES RECORDS SEASON AFTER SEASON!**

**SOLID ADVERTISING SUPPORT BRINGS RECORD RESULTS**

This has been a bumper year for Dexsal. Why? Because chemists who featured Dexsal in windows and on counters were backed up by both press and radio advertising. Big advertisements appeared regularly in metropolitan newspapers, and no less than 42 radio stations carried Dexsal advertising, too. Sell and recommend Dexsal — it's a 'chemists only' line that always is well backed by strong and consistent advertising support.



**A 'chemists only'  
line worthy of  
your very special  
attention**

Zoology. This is followed by a two-year full-time apprenticeship as approved by the Pharmacy Board, but not necessarily in a retail establishment. The fourth and fifth years of study comprise Forensic Pharmacy, Physiology and Pharmacology, Pharmacognosy, Pharmaceutics and Pharmaceutical Chemistry.

The Degree course follows a similar pattern, the Universities having undertaken to teach at least a minimum curriculum laid down by the Pharmacy Board. Examinations for the Diploma are supervised and controlled by Board appointed examiners. The Universities hold their own examinations, appoint their internal and external examiners, the examination machinery being subject to Board scrutiny and approval.

The pass rate for 1959 in the Diploma course was: First year, about a 25 per cent. pass. Qualifying examination, about a 40 per cent pass.

The pass rate for 1959 in one of the Degree courses was: First year, about 30 per cent. pass. Final year, about 70 per cent. pass.

The poor results in the first year of studies is, in some respects, due to the fact that a very high proportion of the white population enters Universities in South Africa much higher than in the U.K. or in Australia; hence, a high fail rate is to be expected, initially.

In the U.K. the position is a little more complex. Most Universities offer an honours degree, which requires three years of full-time study after an entrance examination usually in Chemistry, Mathematics, Physics and a Biological subject. The standard of the latter examination is approximately that attained at the end of the second year in South Australia, less the Pharmacy. A general degree in Pharmacy is under consideration at London University, which at the moment has an honours degree only. Some other Universities offer both honours and general degrees. The diploma course for the Pharmaceutical Chemist qualification of the Pharmaceutical Society of Great Britain has recently been extended from two to three years, post-intermediate study.

Students are encouraged to work for higher degrees, one college having 16 students studying for the M.Pharm. and 20 students for the Ph.D. examinations. The total student population of this college is about 220. The yearly expenditure of such a college, exclusive of teachers' salaries, was in the order of £10,000 sterling, and in some years development would increase this figure very substantially.

The apprenticeship required, before registration, by the Pharmaceutical Society of Great Britain was approximately one year full-time approved experience in retail, hospital pharmacy or industry. Such experience must be approved by the Society.

Before discussing the present course in South Australia, it seems to be advisable to survey the intentions, ways and means of pharmaceutical training. Pharmacy is an applied science. Pharmacy students must therefore have a good grounding in the basic sciences. This should not be less than that given to the allied professions. To quote Sir Hugh Linstead's words at the Zurich Conference: "Pharmacy has no justification for its existence unless it is firmly based on scientific knowledge and method." Similar sentiments had been expressed by L. W. Busse of the University of Wisconsin, U.S.A., in an article published in the February issue of the "A.J.P." If pressed to argue this point of view, which I heartily endorse, it is only necessary to point out that the main differences between the retail pharmacist and the retailer next door are his professional integrity and his technical knowledge and ability. The more adequate the technical knowledge and ability, the greater becomes the professional standing of the pharmacist. If, as some fear, the profession is losing some status, here was one way of advancing status.

Another very pertinent question is, how we can train

pharmacists for the work they may encounter in ten, twenty or thirty years time. One answer is to insist upon the teaching of basic fundamentals and to train the students to *think* in the application of these fundamentals. The training must be on a wide spectrum; it must inspire; the student must be aware of his full potential. A narrow canalisation would obviously be detrimental. Higher qualifications in Pharmacy must be available to those students who are capable of and desirous of such achievement. Students both interested in and capable of research studies should be produced.

The need for research in pharmaceutical matters was very ably presented, in a remit by our President and Vice-President, at the conference held, here in Adelaide, last May. This proposition met with a very enthusiastic response from delegates.

It was submitted by the speakers that a degree in Pharmacy should be the minimum qualification in South Australia. Our pharmacists would then be on an equal footing with most of their professional colleagues in the English speaking world.

As we are not sterile of ideas in South Australia, there is no implication that such a course would be a replica of other established courses. However, scientific fundamentals were absolutes, and hence considerable conformity would be inescapable—one might add, highly desirable.

The student should also have adequate time for participation in the social life of the University. At the present time there is insufficient integration.

Turning to the present course, I wish to stress that the views about to be expressed are my own, and do not necessarily represent those of any other official body of a pharmaceutical or academic nature. In my opinion the present course is deficient in Physics, a fundamental science. Medical students studied Physics in their first year. In view of the later professional relationships, could Pharmacy students do less?

More organic chemistry, biochemistry, physical chemistry and pharmacology is required if an intelligent appreciation and understanding of the ever-increasing range of organic medicinals is to be achieved. The pharmacist must surely have a complete understanding of the materials and preparations which he handles.

Bearing in mind the very considerable increase in subject matter required and the necessity of a logical sequence of development of subjects within the course, a first and second year spent full-time at the University seems highly necessary. The third and fourth years of training should be divided between the University and approved experience in a suitable environment, more or less equally.

The advantages of such a development from the student point of view appear to be these:

(1) There would be no gap between the study of subjects in schools and that at the University.

(2) The young student, who, in most cases, was very immature, would not have the problems of orientation which face him today. It seems very obvious that the present need of the student to orientate himself in the University, his private study and in the retail pharmacy proved too much for some, who might easily do well in a full-time academic course.

(3) Evening classes could be dispensed with—a great benefit for the student.

(4) The students would have a status in first year science which they might use in their future development.

(5) The students would be integrated fully within the University.

The master would benefit in the following ways:

(1) He would not have to put up with a "misfit" in the first year.

(2) There would be much less chance of disorganisation in the staffing arrangements due to failures.



(3) The academic time-table for third and fourth year studies could be arranged so that a master would, with an apprentice in each year, always have one available in the pharmacy.

(4) The profession, as a whole, would be less threatened by semi-knowledgeable unqualified persons.

(5) The apprentice would be a more mature individual, reasonably trained and receptive, and hence a far better economic proposition. The masters would be welcome to a confidential report, on any student, that they considered accepting as an apprentice.

Such a proposition would require at least 2500 hours of approved experience by the student. This is far in excess of that demanded in many other curricula.

In conclusion: Any assumption that the present course was quite adequate for our professional needs seemed to be answered by the fact that we were getting out of step with the vast majority of courses in the English speaking world. The changes outlined in the training of students of Pharmacy in this State may call for some changes in outlook and approach, but they did not call for any greater sacrifice on the part of the master. On the contrary, the master should be better served by his apprentice.

#### Questions

**Mr. Gould** said they had heard that South Australian pharmacists were very well received in the U.K. and that their training appeared more than adequate for the requirements of retail pharmacy.

**Answer:** There was no intention to designate the standing of the pharmacist in South Australia. It was true that many pharmacists in the U.K. did not give the service, perhaps, that their training permitted. Many, however, did. In any event they were all given the opportunity to do so by their training.

**Mr. Tregilgas** asked the speaker for his views on the timing of the apprenticeship in South Africa.

**Answer:** He felt that the two-year full-time apprenticeship had the great disadvantage of interruption of academic sequence; it also lacked the advantages of a concurrent training system. There were serious attempts being made to convert it to a one-year post-graduate experience. He had no doubt that this would be achieved in time.

**Mr. Wescombe** said he agreed with the sentiments of the speaker, and asked who would stand in the way of the development outlined?

**Answer:** He hoped that such changes would be negotiated with the willing co-operation of all concerned. The masters and the Society had to be convinced that such modifications were prudent.

**Mr. Wilson:** What scholarships are available in South Africa and the U.K., and how was the financing of pharmaceutical training arranged?

**Answer:** In South Africa scholarships were few, but bursaries for Pharmacy students were increasing. In the U.K. almost every student would have tuition without payment of a fee. Subsidy of pharmaceutical education in South Africa was roughly pound for pound on student fee income, with development grants extra. In the U.K. the Government or local government footed the total bill. (Here Mr. Reynolds stated that the Pharmaceutical Society was doing a magnificent job in underwriting pharmaceutical education, but obviously it was becoming far too expensive to run on fee-income alone.)

**Mr. Clappett:** In view of the modifications in training envisaged, would not the master be out of date and unable to fulfill his obligation to the apprentice?

**Answer:** The question was anticipating too drastic a change. In fact he felt that the average master should cope quite adequately. Certainly any guidance which a master felt it necessary to have could be had for the asking.

**Mr. McCarthy:** Would it not be true to say that students who had enjoyed a hospital or industrial apprenticeship tended not to wish to enter retail pharmacy?

**Answer:** This he thought was true. He agreed with the implication that if apprenticeships were to be served in hospital pharmacy or industrial organisations many students might find the occupation more satisfying.

**Mrs. Symons (Sue Martin):** If our standard of education were not increased, did the speaker see any difficulties arising regards reciprocity?

**Answer:** Outside the Commonwealth of Australia there was certainly a possibility. Within Australia such considerations would be argued specifically on course content and obviously, if strong feeling existed, the weaker courses would be strengthened.

At the conclusion of question time the President, Mr. D. F. J. Penhall, thanked Mr. B. L. Reynolds on behalf of members present for the excellent address and for his generosity in preparing it. Mr. Penhall also said that the Council was ever mindful of possible changes in pharmaceutical education, and for this reason an education sub-committee, with representatives from both the Pharmacy Board and the Council, had been established several years ago.

This sub-committee had met on numerous occasions and had also met members of the staff of the University of Adelaide on the question of a degree course in Pharmacy for this State. Up to date no completely suitable plan had been evolved, but the President assured members that any suggested alteration would receive very careful consideration before implementing any major change.

#### QUIS CUSTODIET IPSOS CUSTODES?

Sporadically the suggestion turns up in the medical and pharmaceutical press that new drugs should not be released until they have been given an "authoritative assessment." The discussion is "on" again just now, to judge from correspondence columns and other indicators.

The appearance of a new drug is always in practice a compromise between the two extremes of non-testing and never-ending testing. The point at which part-testing may properly end and the product in question released for medical practice is essentially a matter of considered arbitrariness. There after it is principally a matter for observant doctors and accommodating medical journals. It is therefore difficult to see what the term "authoritative assessment" could possibly mean in practice.

Knowledge of a new drug can come only in the course of a more or less long period of use by a very large number of doctors over the widest possible and today increasingly international area. Even so, the medical profession sometimes finds it necessary to make a re-assessment of a common household remedy which had been held "absolutely safe" for half a century or more. Whose assessment, indeed, can be authoritative?

In British chemotherapy there is a pressing need for a reduction of the traditional prickliness in relations between medicine, pharmacy and the pharmaceutical industry. These three groups could do worse for the nation than to join their abilities and resources in investigating, for instance, the method of screening new drugs by "human pharmacology," as described in a recent issue of the "Journal of the American Medical Association." The group of distinguished medical scientists who signed the report claim that the method could "go far in clearing away the serious obstacle to progress which arises from the premature appearance of new compounds and preparations."—"British and Overseas Pharmacy and Medicine."





*"Now you can  
take colour  
snaps with  
any 127, 120 and  
620 size camera!"*

## ***Kodacolor Film is here!***

Kodacolor Film means colour photography for everyone with a camera—even a simple box camera. Stock Kodacolor Film . . . help to promote Kodacolor Film . . . and earn your share of a market which will mushroom overnight! Thousands will find a new and exciting use for their cameras—the thrill of full colour photography—with Kodacolor. Make certain that your customers know that you have Kodacolor!



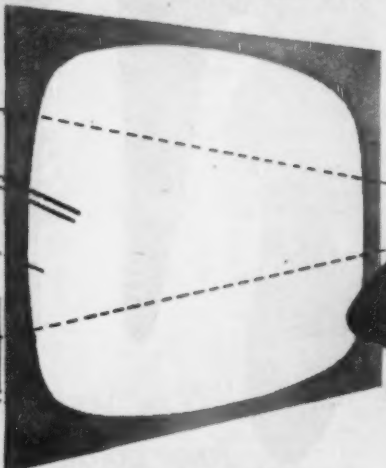
# **Kodak**

**KODAK (AUSTRALASIA) PTY. LTD.**

Branches in all States

**Stock Kodacolor • Display Kodacolor • Sell Kodacolor**

# The eyes are on B.M.L. lines



"Maverick" on GTV9 Melbourne at 8 p.m. Mondays, and TVW7 Perth at 8.30 p.m. Mondays.



"The Rifleman" on ATN7 Sydney at 8 p.m. Mondays.



"77 Sunset Strip" on NWS9 Adelaide at 8.30 p.m. Fridays.

## TOP TV PROGRAMMES now working for you

"Maverick" in Melbourne, "Rifleman" in Sydney, "77 Sunset Strip" in Adelaide, "Sunday Theatre" also in Melbourne, "Maverick" in Perth; these are some of the top TV popular programmes continually bringing the merits of those popular products, Ford Pills, Menthoids, etc., right into your customers' homes. Backed in addition by a solid programme of human-interest spot commercials at carefully selected times, B.M.L.'s BIG TV CAMPAIGN is specially planned to secure for you the utmost in customer interest and the maximum in sales result.

## GET YOUR SHARE OF EXTRA SALES

Buy wisely—Buy B.M.L. parcels  
and make additional profit

**7½%** EXTRA DISCOUNT waiting for you on parcels over £10 in value.

**5%** EXTRA DISCOUNT to be made on parcels over £7.10.0 in value.

**2½%** EXTRA DISCOUNT can be yours on parcels over £5 in value.

**PLUS** the regular cash or 30 days' discount allowed by your wholesaler.

(You can assert your order as you wish.)

**REMEMBER! B.M.L.'s BIG, new TV campaign for Ford Pills, Menthoids, etc., is in addition to heavy continuous use of Radio, Daily and Sunday Press, and National Magazines.**

**MAKE SURE YOUR STOCKS ARE RIGHT TO SUPPLY THE BIGGER, HEAVIER DEMAND.**

Order your EXTRA PROFIT BONUS PARCEL from your favourite wholesaler direct or through . . .

# British Medical Laboratories Pty. Limited

87-91 CLARENCE STREET, SYDNEY

# Prescription Proprietaries and New Drugs



By  
Geoff K. Treleaven, Ph.C., F.P.S.

PHARMACEUTICS DEPARTMENT.  
VICTORIAN COLLEGE  
OF PHARMACY

## RECENT ANABOLIC DRUGS

Approved, Generic Names	Proprietary Names
Norethandrolone .....	Nilevar
Fluoxymesterone .....	Halotestin, Ultandren
Methandrostenolone .....	Dianabol
Androstanolone .....	Anabolex
Norandrostanolone (phenyl propionate) .....	Durabolin
Methylandrostanolone .....	Androstalone
Methylandrostenediol (Methandriol)	Methyl Diol, Stenediol

The protein anabolic drugs are related to testosterone, but the latter's androgenic (virilising) effects are either largely absent or greatly reduced in the above group of drugs.

## A New Antibiotic DEMETHYLCHLORTETRACYCLINE (DMCT)

Demethylchlortetracycline is a new antibiotic derived from a strain of *Streptomyces aureofaciens* (the organism from which chlortetracycline and tetracycline originate). DMCT differs structurally from chlortetracycline in that it lacks a single methyl group.

As well as exerting the broad-spectrum action of tetracycline, demethylchlortetracycline achieves more intensive, more prolonged activity, with less antibiotic. Its markedly lower renal clearance rate, together with its higher stability, has the effect of prolonging its powerful antibacterial action for 24-48 hours after the drug is withdrawn.

(Full information as to dosage, etc., is given in the "P.P. Guide," Supplement 5, p. 278).

Proprietary Preparation: Ledermycin (overseas "Declomycin")—Capsules containing 150 mg.

# Women's Section

Correspondent: Miss A. K. Anderson.

## THE WOMEN PHARMACEUTICAL CHEMISTS' ASSOCIATION OF VICTORIA

At our General Meeting on March 5, the Vice-President, Miss Grace Donaldson, welcomed a large number of members, especially Miss Lorna Hicks, the winner of our prize last year for the best woman final student.

Miss Donaldson then introduced our guest speaker, Miss Barbara Wood, one of our members who has recently returned from abroad. Miss Wood told us in a most entertaining fashion of her trip home by bus. It was the "maiden voyage" of the bus, an Austin Diesel, which carried a maximum number of 20 passengers and took six weeks to go from London to Colombo, the bus fare being £78, with meals and accommodation extra. Camping equipment was provided and used when possible, though as the journey progressed into Asia camping was abandoned owing to the intense curiosity of the natives. Road houses were used for overnight stops.

At times the heat was intense—114 degrees average for days at a time, which the majority of the passengers found very tiring. One amusing incident in India happened when the bus came to a low bridge which it just couldn't clear. The natives, as usual, crowded around and at last, with the help of signs, dozens of the natives were persuaded to get into the bus. When it was packed full and flat on the springs, the driver just managed to squeeze the bus under and across the bridge, and then had as much trouble getting the natives out of the bus as he had getting them in!

Miss Wood illustrated her talk with colour films taken through France, Germany, Belgium, Italy, Turkey, Pakistan, India and Ceylon.

It is planned to make this bus route a regular trip, and certainly will provide those people who like to get away from the beaten track and see something of little-known countries with an opportunity of doing something "different" in the way of travel.

Miss Wood was warmly thanked for her interesting talk and was surrounded during supper in the Museum afterwards by girls who wanted to know more about her wonderful trip back to Australia.

Our April meeting will take the form of a **Buffet Dinner**, to be held, through the courtesy of Miss Witt, at the **Lyceum Club**, where the guest speaker will be Miss M. Burgess, who will tell us of her experiences in Korea.

Don't forget our **Annual Meeting** on Thursday, May 5.

## N.S.W. ASSOCIATION OF WOMEN PHARMACEUTICAL CHEMISTS

A record number of members of the New South Wales Association met on March 9, at 8 p.m., at 16 College Street, Sydney.

The President, Mrs. W. A. Curry, opened the meeting and welcomed several new members.

Following a preliminary business meeting, Mrs. Curry introduced members of the staff of Decore Products Pty. Ltd., who demonstrated the art of hair colouring.

Two of our members acted as models, much to the delight and admiration of those present.

While supper was served members were able to ask advice on personal styles and colouring.

Miss Campbell, seconded by Miss Curtis, spoke on behalf of all those present to express our thanks for a very instructive and interesting evening.

## TASMANIAN WOMEN PHARMACEUTICAL CHEMISTS' ASSOCIATION

The first general meeting for 1960 was held at the President's home on February 16. The attendance was very good, and all members showed much interest in the programme of activities for the year.

At the conclusion of business a short slide session was given by Miss Margaret Purdon, who had recently returned from a holiday in New Zealand.

Our thanks go to Mrs. Ross for making her home available and also for the delightful supper.

## QUEENSLAND WOMEN PHARMACEUTICAL CHEMISTS' ASSOCIATION

Thursday, March 17, Guild Rooms, was the day, date and place for the Annual Meeting of the Queensland Women Pharmaceutical Chemists' Association. A bright and happy meeting augured well for our future.

The President welcomed visitors, new members and winners of our prizes. Incidentally, two women topped the successful students in the 1959 Final exams, a fact of which we are very proud. To mention a few items of interest since our last meeting we hear...

Going overseas for perhaps 18 months, our Treasurer, Marg. Summersgill. Our Secretary, Wendy Bell, flying in a couple of months' time. Norah Roberts in charge of a land tour from India through the Middle East to Great Britain.

We are pleased to be able to donate from our funds the sum of £25 to World Refugee Appeal.

A Yardley Evening is to be held in the Guild Rooms at the end of this month with Mrs. Siddons as our demonstrator, and we are looking forward to a Ballet Evening before we go to press next month.

The lass who won our Final Prize for the best pass is Joy Parcell, from Ipswich. She also received four other prizes at the Council Party. Our Intermediate Prize went to Kem Cory (Toowoomba).

Hildegard Reuther surveyed the past year in her presidential report.

The election of officers for the coming year was as follows:

**President:** Mrs. Rae Robinson.

**Vice-President:** Mrs. Jocelyn Grant Taylor.

**Secretary:** Miss Wendy Bell (re-elected).

**Treasurer:** Miss Mary Baumgarten.

**Hostess:** Mrs. Ngaire Alexander.

**Journal Reporter:** Miss G. Elliot.

**Students' Representative:** Miss Joan Marks.

In her Annual Report, the President (Hildegard Reuther) thanked the members for their support during the year and called on them for a continuance of interest in the affairs of the Association.





Section of the Rotary Coating Division



# COATED TABLETS *by* ROTARY

## ROTARY TABLETING CORPORATION PTY. LTD.

CROYDON, VICTORIA

SPECIALISTS IN THE PRODUCTION OF TABLETS

Rotary Tableting Machines

- ★ Guaranteed Potency
- ★ Assured Stability
- ★ Elegant Appearance
- ★ Correct Disintegration
- ★ Specialists in Colour
- ★ Private Formulae  
Our Speciality

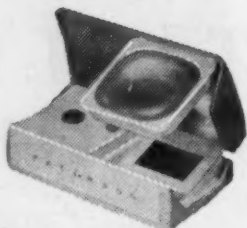


# THERE'S PROFIT IN THE PATERSON RANGE

PATERSON VIEWERS AND TANKS ARE A "NATURAL" FOR  
BIG AUTUMN TURNOVER

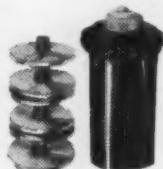
## PATERSON 2 x 2 ILLUMINATED VIEWER

Slim, streamlined, pocket size viewer; lens of the size normally provided on table models gives a brilliant magnified picture. Independent of mains, it can be carried in the pocket. Price £2/7/6.



## PATERSON MAJORVIEW

6 x 6 cm. Provides comfortable hand or table viewing for two or more people. Superbly crisp overall definition without cut-off on picture edges. Price £3/17/6.

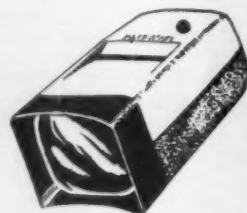


## PATERSON MODEL 11 35 TRIPLE

Similar to the Paterson '35' Model 11, the triple is complete with three spirals. Price £4/12/6.

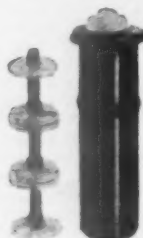
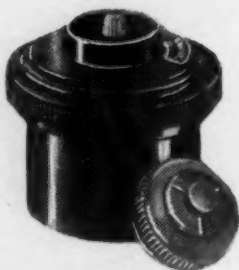
## PATERSON MAJORVIEW '35'

No awkward viewing with the Paterson Majorview '35'. The bigger lenses cover both horizontal and upright pictures, giving you the easiest, most comfortable viewing you've known. Can be viewed in the hand or resting on the table. Price £3/15/-.



## PATERSON 35 mm. MODEL 11

For 35 mm. film. Easy loading Spiral enables full length film to be loaded without difficulty. Inversion Agitation and Central Ultra-Rapid Pouring are both incorporated. Price £2/6/9.



## PATERSON MAJOR 11 TRIPLE

Extra long tank bodies, enabling 2 or 3 films respectively to be processed simultaneously. The saving of time is invaluable to the busy worker. Triple Major 11, complete with 3 Spirals. Price £4/12/6.

YOUR STOCKS ARE INCOMPLETE WITHOUT THE PATERSON RANGE  
ORDER NOW

**H. BLEAKLEY PHOTOGRAPHICS PTY. LTD.**

BRANCHES ALL CAPITAL CITIES

# The Right Appeal of the Retail Trader

## Some Observations on Local Selling Problems

By THOS. H. LEWIS, M.B.E.

Editor, "The Business Encyclopaedia"; Past President, The British Sales Promotion Association

The fact that most unsuccessful shopkeepers, in seeking palliatives and cures for their want of success, have not looked in the right direction for them gives much food for thought. This article is, therefore, intended to guide the reader's train of thought along lines which are likely to lead to a proper realisation of weaknesses in the methods they adopted, and in some cases are still practising.

How often has one noted with interest the advent of a new shop into a district; observed the preparations made to carry on business; examined the windows with careful scrutiny; read the advertisements in the local newspapers; even entered the shop. And how often has the observer wondered why, after a period long or short, the trader has closed his shop or disposed of it to a purchaser!

### Alternative Reasons for Non-Success

We are assuming that our trader is not a novice; it may even be that he has more than passable knowledge of his trade and has been quite successful elsewhere. And we are taking it for granted that he has done everything possible, according to his own way of thinking, to keep the business going. We are, therefore, forced to the conclusion that either he has opened up in a locality already too well supplied with competitive shops, or that he is making the wrong appeal to the local population.

If it be the first—an over-plus of rivals—it is obvious that the newcomer is up against a very tough proposition, and one which must be handled with uncompromising firmness. It may be that the opposition has old-establishment and rooted goodwill in its favour, in which case the new man must decide in his own mind as to whether or not he can, by more intensive service, win for himself a due proportion of his rival's trade. If, on cogitation, he cannot satisfy himself that his goods or business methods are sufficiently outstanding to effect this, he had better cut his loss, and look out for premises in a district where he is not hedged in by such disabilities.

### A Story With a Moral

His outlook must not be coloured by an over-abundance of self-sufficiency, or belief in the power of his own personality or efficiency to effect miracles, or even to surmount stupendous difficulties—however much such an outlook is commendable in reasonable measure. If his good common sense tells him that he is likely to have a thin time indefinitely, let him admit his error of judgment in choosing the locality, pocket his pride, and get out **quickly** while the going is good! (And I say this in spite of all the advice one gets from moralists and business philosophers to "dig in and stick things out to the bitter end.")

One remembers the story of the fox who, when his tail was caught in a trap, bit off that extremity and so escaped. On being unmercifully sneered at by his fellows, he solaced himself with the reflection: "Better a tail-less fox than a dead one." In the same way, it is better for the disappointed trader to lose some of his pride than all of it!

And now we are free to discuss the alternative rea-

son for non-success—the wrong appeal of the trader to his local public. Much stress has rightly been placed by business authorities on the absolute necessity for a thorough knowledge of his goods by the proprietor: to this, in these days of informed purchasing by a sophisticated public, must be added the imperative need for a knowledge of the customers. In this sense I refer to customers *en masse*, and not according to their individual characteristics and idiosyncracies.

### How the Public's Buying Habits Vary

That success has been attained by a trader in a working-class neighbourhood does not necessarily connote an equal measure of success in a high-class or even a middle-class locality. Indeed, it is something of a disadvantage to open up, after years of retailing in one district, in a place where the public has a different outlook on life and a larger or smaller individual spending capacity. The trader, from intimate contact, has become so imbued with the buying habits which prevail in the first locality that he finds it difficult to disassociate himself from them when he is selling in the other.

A newcomers shopkeeper may have in mind the idea of "educating" his customers as to their requirements . . . quite a commendable notion, of course, but it is one which demands consummate skill in handling. The people of this country are not over-appreciative of having their buying habits dictated by others, and the retailer who makes palpable and ill-concealed attempts in this direction is emphatically making the wrong appeal. Shoppers in general like to feel that they are buying just what they want in their own way—and not what somebody else wants to sell them, in his. Give them the least inkling that the would-be seller is attempting to force their inclinations, and they become suspicious of him and his goods.

### The Psychological Effect of the Shop-Front

Psychologically, this feeling is not confined to actual personal contact with the trader, for even the shop-front may have the wrong effect upon prospective customers. I am not referring here to the neglected or dilapidated shop-front, for my readers must all be aware of the necessity for keeping the shop exterior presentable: the reference is to the wrong presentation of the shop-front. Supposing, for example, that a trader has in mind opening up in a poor-class district, and contemplates putting in a new shop-front. He would be well advised to think twice before installing an ornate, expensive-looking affair, for this might easily have the effect of **keeping customers away** by conveying the impression that the goods being sold were on an equally expensive scale.

There might even be the thought that only by making excessive profits on what he sold could the trader install and keep up such an establishment. Similarly, a mediocre exterior in a good-class neighbourhood, where the spending capacity of the local public is high, may give the idea that the stocks are in keeping with their setting. Here, then, is where the presentation of the appeal begins. Is the shop-front a suitable one? The trader who is already established might well ask himself this question if he is complaining of bad times. Per-

## "P.P. GUIDE" Second Reprint

The Committee of Management of the Journal are pleased to announce that copies of a second reprint of the "P.P. Guide" are now available.

Unfortunately the first and second supplements are out of print and a further reprint of those supplements is not practicable.

The current offer is—

The "P.P. Guide" and all supplements

except the first and the second:

**£4.12.6**

Please complete the order below and forward same with your remittance to the Manager of the Journal in Melbourne.

Date.....

"The Australasian Journal of Pharmacy,"  
18-22 St. Francis Street,  
MELBOURNE, C.I.

### "Prescription Proprieties Guide for Doctors and Chemists"

Enclosed is my cheque for £4/12/6 for one copy of the "P.P. Guide" 1959 (less the first and second supplements but including the other five supplements), in accordance with the announcement in "The Australasian Journal of Pharmacy" (30/3/60).

Mr.  
Mrs.  
Miss  
Doctor

Name.....

Block Letters Please.

Messrs.

Address for despatch  
of Book and Supplements.....

State.....

(Kindly notify any change of address.)

haps the general tone of the street has improved, and his shop-front has not kept pace with those improvements.

### Choosing and Displaying the Right Goods

Next we have the selection of the right goods for the district. This point can only be settled by the keenest investigation into local buying conditions, and it is, therefore, distinctly foolish to commence business at all in a new locality without making exhaustive inquiries into what class of goods sells best there. The established trader, too, will find an appreciable difference in his sales if he will only take the little extra trouble involved in ascertaining the real buying predilections of local shoppers as a whole, to enable him to make more suitable selections of goods for stock.

A common cause of lost business is the non-suitability of the window-displays to the district. A trader should not unduly indulge his own fancy for "solus" displays in a district where shoppers in general are attracted by "stocky" windows. He may excuse himself with the thought that the unusualness of "solus" displays in the district should give his windows added attraction-value, but it must be remembered that busy people with very limited spending-power have usually neither the time to enter shops to inquire for goods not indicated by the window-display, nor the inclination to ask questions relating to their price, appearance or quality.

On the other hand, an exclusive public might not be in favour of people at large knowing where they bought or how much they (the "exclusives") paid for their purchases. And in such a neighbourhood the "solus" or the "selected" display has its advantages over the "stocky," price-marked display window. So here, again, it is a matter of the presentation of the right appeal.

### The Right Appeal in Advertising

Then there must be due regard to the right appeal in advertising. There is no necessity to dilate here upon the inefficiency which marks the publicity of so many retailers, but often an advertisement which, on the face of it, seems to be well drawn up and possessive of strong appeal does not altogether fit into the class of business being carried on by the shopkeeper who issued it. Just as the shop-front, the class of goods stocked, and the window-display should reflect the actual class of business being conducted, so, too, should the advertising carry out the same impression, whether that advertising be done by means of local newspapers, circulars, folders, cinema slides, posters, or whatever methods are used to bring the trader and his wares to the wider notice of his public.

A trader whose class of business is just ordinary is simply throwing good money away by wording or presenting his advertising appeal with the grandiloquence which, although it might be suitable when coming from a high-class establishment, cannot be borne out when the customer is in the shop. On the other hand, many retail shops which cater for better-class trade let themselves down badly in their advertising by feeble claims, a policy which, no doubt, they consider fully in keeping with their "exclusiveness." Thus, in advertising, undue extravagance of language or claims, in the first case, is as much a sales-deterrent as is extreme "modesty" in the other. So we see how necessary is the right appeal in the printed word, as in other phases of business promotion.

### The Presentation of the Personal Appeal

The last link in the selling chain—actual contact with the customer—undoubtedly calls for a full measure of the right appeal. The retailer cannot reasonably expect to be "all things to all men," but he must have, or acquire, the virtue of adaptability if he is to make the most of his opportunities. It is of precious little use having the right appeal in the appearance of the shop, selection of goods, and the rest, unless it is continued and acted upon in personal salesmanship.

(Copyright reserved by Thos. H. Lewis)



---

## New Books

---

**The British Pharmaceutical Codex** (1959), 7th Edition. Published 17/12/59.—The Pharmaceutical Press, 17 Bloomsbury Square, London, W.C., pp. 1300, published price, 70/-.

A new edition of the B.P.C. is always a noteworthy event, and as a companion and complement to the B.P. this production has acquired and maintained a position of outstanding importance.

The present edition amply fulfills its original and present design, to provide information on drugs and other pharmaceutical materials in current use, and to provide standards and specifications for drugs which, though not included in the B.P., have nevertheless established their values by laboratory investigation and clinical experience.

Though the many valuable drugs and ancillary substances introduced each year into medical and pharmaceutical practice have necessitated many changes in the way of additions and deletions, the general set-up and scope of the present edition remains unchanged.

In Part I, General Monographs, some seventy drugs are added, as against one hundred deletions. The monographs are, as usual, a mine of useful information and the pithy but eminently practical statements relating to the actions and uses of each drug—based on consideration of published evidence and on personal experience of a sub-committee of medical and pharmaceutical experts—present a feature of considerable merit.

The occasional notes on incompatibility and on the treatment of poisoning in appropriate cases might, with advantage, be extended to more of the monographs.

The new drugs added subserve a considerable variety of therapeutic, diagnostic and pharmaceutical requirements—antibacterial—Chlorhexidine Gluconate, Hexachlorophane, Degualinium Chloride, Nitrofurazone; hypotensive—Mecamylamine; antihistamine—Triprolidine; diuretic—Chlorothiazide, Chlormerodrin, Meralluride; anorexigenic—Phenmetrazine; ataractic—Meprobamate, Benactyzine; cytotoxic—Busulphan, Mercaptopurine; antidiabetic—Tolbutamide; analeptic—Bemegride, Amiphenazole; hypnotic—Glutethimide; antipruritic—Crotamiton; cholinergic—Pyridostigmine; antitussive—Dextromethorphan, Pholcodine Tartrate.

This list does not by any means exhaust the newcomers many of which will doubtless be candidates for admission to the next B.P. or any interim addendum to the B.P.

In addition to these medicinally active substances, many reagents and radio-opaque substances are monographed together with others having mainly pharmaceutical interest and application—Isopropyl Myristate, hard and liquid Macrogols, and Methylcellulose 20.

To meet, in one volume, so many drugs listed solely by their approved but less-known names is somewhat overwhelming, and the reader will often find difficulty in recognising a drug with which he has been on terms of complete familiarity when introduced by one or other of its trade names. May we suggest that such informa-

tion be added as a footnote to monographs where appropriate. The sometime prejudice against referring to proprietary or trade names in official publications is no longer tenable, despite occasional difficulties involved.

In view of the introduction of so many potent drugs of positive therapeutic import and of the nicety of judgment involved in the selection of these from other useful modern drugs, it seems incongruous that such therapeutic nonentities as Fig, Tamarind, Prune, Blackcurrent and others of that ilk should remain monographed among the therapeutic "big-wigs."

Notable among the omissions are Agar, Calcium Mandelate, Codeine, Mercurochrome, Sodium Tauroglycocholate, Tocopheryl Acetate and Wheat Germ Oil. As well as these, many erstwhile official drugs now discarded in the B.P., '58, have been omitted from this edition of the B.P.C. One might have expected such comparatively recent discards which, though non-pharmacopoeial, are nevertheless useful and still in use, to have found a place in the B.P.C., if only to define requisite standards.

Certain dyes, formerly the subject of monographs and still specified in some formulae (Part VI), are omitted, in that detailed standards for such dyes, which are allowed for the colouring of foodstuffs, have been or are being prepared by the British Standards Institution.

Part II, dealing with antisera, vaccines and related products, introduces two new monographs—one on Rabies Vaccine, the other on Poliomyelitis Vaccine, an "inactivated" antigen corresponding with the Salk Vaccine. One of the synonyms given for this is "Vaccinum Poliomyelitis Inactivatum." Obviously the fever for inventing sesquipedalian Latinised pseudonyms for these defenceless drugs is subsiding by very slow lysis!

Part IV, which deals with surgical ligatures and sutures, has been greatly expanded and features a general monograph on non-absorbable sutures. This introduces details of linen, silk and nylon sutures in sterile and non-sterile forms.

From Part V many surgical dressings have been omitted on account of their infrequent use in practice. A notable one of these is Penicillin Gauze, which, with other preparations of Penicillin for local use, has fallen into disfavour because of increasing evidence that these may induce a dangerous sensitisation. This notwithstanding, formulae for eye-drops, an oculent, and an unguent of Penicillin remain.

Among the newly introduced formulae (Part VI) some 50 per cent. comprise those erstwhile Pharmacopoeial preparations which were omitted from the B.P., '58. New formulae have only been included when the constituent drugs are freely available to pharmacists, thus excluding such as are only obtainable in proprietary forms.

Among the many additions of topical interest are a non-ionic emulsifying wax and a cationic emulsifying wax having Cetomacrogol 1000 and Cetrimide respectively incorporated in a Cetostearyl alcohol base; a protective water-repelling cream of Dimethicone 20; and a cytotoxic paint of Podophyllin Resin in Friar's Balsam.

As solutions of some electrolytes given by intravenous infusion are being increasingly prescribed in terms of milli equivalents, an appendix (XIV) has been added to assist pharmacists in formulating infusion solutions in such terms.

The Codex Revision Committee, faced with unusual difficulties in selection, owing to the plethora of new and useful drugs at present on trial, maintains in this, the Seventh Edition, that high standard confidently expected of the B.P.C.—a standard and a width of reference that makes it an essential daily "consultant" in every pharmacy.—B.L.S.

**Cosmetics—The Fragrant Jungle.** Current Affairs Bulletin. Published by the Department of Tutorial Classes in the University of Sydney.

Occasionally one finds a pamphlet which, despite its paper cover and seemingly unimportant title page, proves to be exceedingly interesting both by nature of its facts and their presentation. Such is the C.A.B. "Cosmetics—The Fragrant Jungle."

Defining cosmetics, the Oxford Dictionary's definition of them as preparations "designed to beautify the skin, hair or complexion" only serves to isolate them as a group. Nor is any taxation department any more definite in its interpretation, for the term is applied as widely as possible. But it does emerge that men are not apparently cosmetic users within the meaning of the term, for all their preparations of after-shave lotions and hair dressings remain in the wider category of toilet preparations—and rightly so. It therefore seems cosmetics are what they are, more by reason of the spirit in which they are used than of what they consist. Or as a woman member of the British House of Commons defined them: "Cosmetics are to most hopeful girls a sort of mute Professor Higgins."

As far as the mass market is concerned, the industry is centred in America, which virtually controls the manufacture internationally and is the pace setter for the demand. Most literate females in the Western world, as well as illiterates who enjoy the benefits of commercial television, could number on the fingers of both hands the names of the small number of firms which dominate the market, if only because cosmetics come second to food in the amount spent on advertising them.

And it is not difficult to see how America was able to take the lead in the large-scale manufacturing of cosmetics from France, the traditional centre for perfumes and toiletries. American women, less hampered than their sisters by the social pressures against the use of make-up, and supported by fashionable contemporary drawings and mass advertising, seem to have been quicker than the women of most other countries to take up the use of modern cosmetics.

This is confirmed by the experience of Florence Nightingale Graham, better known as Elizabeth Arden. Miss Arden has said that from the moment of setting foot in America she realised the enormous interest of American women in their appearance, and this realisation made her turn from a career in nursing to the beauty trade. She has insisted ever since that she is performing a similar, if more limited, service to humanity in the career she adopted as in the one she rejected. Neither the cosmetic industry nor Miss Arden has ever looked back.

In 1957 American women spent 1.4 thousand million dollars on cosmetics, out of a total of four thousand million on general beauty aids and services. This figure was up 8.3 per cent. on the previous year and almost twice the 1955 figure.

In Great Britain 60 per cent. of the total sales are normally accounted for by some 25 companies, and half of that percentage by five firms—Atkinsons, the Beecham group, Coty, Max Factor and Yardley. Women spent £56,000,000 on cosmetics in the United Kingdom in 1957. Rather surprisingly, Australia supplies most of her own cosmetics, and for the year 1957-58 production figures were approximately 4 million pounds, and the only cosmetics imported in any quantity were those classified as Perfumery and Perfumed Spirit to the value of £495,000. Even more surprising is the fact that Aus-

tralia exported perfumery and toilet preparations to the extent of £209,000, and nearly one-sixth of this to the United States of America.

The cosmetic industry has been described as one with no fears of recession, and certainly in the last twenty years there has been little indication of one.

Generally speaking, the industry's greatest ally is age, with an expanding market in the upper and lower groups. With the acceptance of teenage make-up, supported by extra-curricular lessons in its correct usage in schools, the age when a girl starts to use cosmetics has dropped in America from 16 to 12, and in Great Britain from 18 to 16. So the number of adolescents using cosmetics can hardly grow less, while the number of women of 65 and over using cosmetics is liable to increase as generations of women, who have used cosmetics all their lives, reach this age. The basis of this reasoning is the apparent incontrovertible fact that once a woman has used make-up the habit is unlikely to be broken. This makes the situation in Russia worth watching. At present, women there, according to Madame Rubinstein, have only two shades of lipstick, use poor hair dyes and purple nail varnish.

Another source of comfort to the cosmetic manufacturer (a commodity of which they are not in need) is the fact that women are using a larger number of cosmetics than ever before, snapping up new ones as they come along. In the United States sales of home "perms" were up 29 per cent. last year; hair colourants, hardly respectable a few years ago, became a 35-million dollar "do-it-yourself" trade; 84 million dollars worth of hair sprays were sold in 1957, and the sales of mascara and eye shadow increased greatly. The only decrease was in the number of women using rouge.

Although the products of the industry vary so little, each of the internationally known firms manages to be slightly different from the others, basing its trade on the development of a special technique or character of its own. Arden and Rubinstein, basing their global trade on the personalities of the two principals, maintain a salon type trade even in the mass market. Rivalry is close and rather personal, and some special treatment by one has been known to occasion the other to such outbursts as "I don't believe in that trash." Max Factor's market is based on such encouraging aphorisms as "There are no ugly women, only lazy ones." Revlon founded some 25 years ago, makes a daring approach to colour to be expected of a firm which specialises in lipsticks, nail varnish and tinted make-up. And English companies like Yardley and Cyclax tend to sell their products against a background of tradition.

Of the world markets, the American is the most receptive to the wonders of cosmetics. Madame Rubinstein has been putting silk into some of her powders for some time; her Tree of Life cream, not much seen outside America, contains placenta "from that storehouse of beauty for the unborn baby"; and one of her astringent lotions contains the juice of water lilies, grown for the purpose, it is said, by nuns in London and Paris.

More than a dozen American firms rushed to put Royal jelly into their cream, lipsticks and soaps. The French firm Orlane, reasoning that the bees obtain it from flowers, took a short cut with a cream containing "the precious pollen of the orchid." Hormones have suffered a similar fate, and as they are added in similar concentrations, the authorities are reassured there is no necessity for control.

One fact remains. The cost of the product is infinitesimal compared with the cost of its wrappings, and the difference in manufacturing costs between an expensive lipstick bought on Fifth Avenue and a cheap one bought from a chain store is but one or two cents. But as a woman who was interviewed by "Time" maga-



# VEECILLIN®

(CALCIUM PENICILLIN V)  
ORAL SUSPENSION

contains, in each teaspoonful (3.5 c.cs.),  
125 mg. microfine Calcium Phenoxymethyl Penicillinate  
suspended in a bland, neutral, flavoured base.  
VEECILLIN ORAL SUSPENSION is packed  
in 3 fl. oz. bottles each containing 60 c.cs. (2 fl. oz. plus),  
to enable easy dispersion by shaking  
and the withdrawal of 16 teaspoonful doses.

Available as a General Pharmaceutical Benefit  
for patients under the age of 10 years.



## WILD STRAWBERRY FLAVOUR

Also available as a General Pharmaceutical Benefit:

# VEECILLIN®

(POTASSIUM PENICILLIN V)  
TABLETS

60 mg. (100,000 units), packages of 24, 100 and 500  
125 mg. (210,000 units), packages of 24, 100 and 500  
250 mg. (420,000 units), packages of 12, 100 and 500

**Charles McDonald**

MAKERS OF ETHICAL PHARMACEUTICAL SPECIALTIES

CARINGBAH, N.S.W., AUSTRALIA



Manufactured under Licence (Australian)  
Patents Nos. 160467 and 166188.

C.M. PRODUCTS ARE AUSTRALIAN MADE AND AUSTRALIAN OWNED

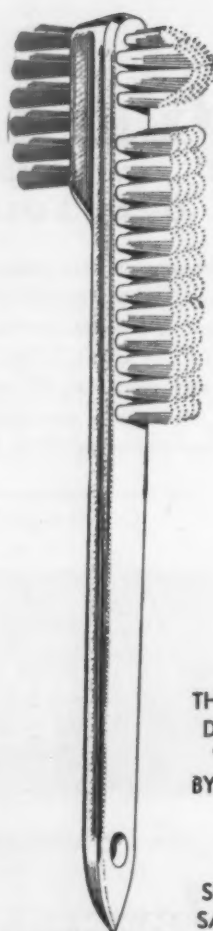




Every denture-user who enters your pharmacy is a prospective buyer of a SAMSON Denture brush. The SAMSON, with its scientific 3-way design and tartar-removing tip, cleans dentures as no ordinary toothbrush could do.

**DISPLAY THE SAMSON DENTURE BRUSH  
PROMINENTLY and PERMANENTLY.**

Place it where the purchaser has only to say 'I'll have one of those, please,' to obviate embarrassing requests or explanations.



THE SAMSON PATENT  
DENTURE BRUSH IS  
"CHEMIST ONLY"  
BY GUILD CONTRACT

Show—and SELL—the  
SAMSON all the time.

Made by:

**THE NATIONAL BRUSH COMPANY (AUST.) LTD.**

239 Pacific Highway, NTH. SYDNEY  
60 Flinders Lane, MELBOURNE

Q'LAND: D. Maclean Pty. Ltd.  
W.A.: Clayden & Carpenter Ltd.

SOUTH AUST.: Arthur Searcy & Son Ltd.  
TASMANIA: H. T. Grounds



zine said: "I know these creams I buy for 8 dollars cost 32 cents to make. I know they're not made of whale sperm or the tips of elderly roses. But I must have them. You just can't sit back and wither. You've got to take steps."

For an honest approach to contemporary cosmetics the pamphlet makes interesting reading.—J.A.M.

\* \* \* \*

**Adventure in Oil.** The story of British Petroleum, by Henry Longhurst. Foreword by Rt. Hon. Sir Winston Churchill. Pp. 286 with 85 illustrations. London: Sidgwick & Jackson. Price in Australia, 34/9.

Petroleum is an essential of modern civilisation. Its consumption is prodigious and ever-growing. The world now uses around 800 million tons of oil a year. Hence the discovery of new oilfields is of the first importance, as is the speedy transport of the oil, its refining and its distribution. Many industries depend on petroleum products from aviation and transport to modern insecticides and detergents.

This book tells the story of the eventful 50 years of British Petroleum. It was written to mark the jubilee of the company, which has been known as the Anglo-Persian (1909-1935), the Anglo-Iranian (1935-1954), and latterly as British Petroleum.

To Australians, it is of interest that the oil industry in the Middle East is linked with the fortunes of the Mount Morgan Gold Mining Co. William Knox D'Arcy, of Rockhampton, Queensland, one of the original partners, made a fortune from Mount Morgan, and then transferred to London. In 1901 he financed a company to search for oil in Persia, in those days a hard and hazardous undertaking in very difficult country. In 1904 Lord Fisher, First Lord of the Admiralty, Great Britain, became interested in petroleum as fuel for the Navy. After many ups and downs, and the expenditure by D'Arcy of a quarter of a million pounds, prospects were sufficiently good that with the blessing of the British Government the Anglo-Persian Oil Co. was formed in 1909, and Lord Strathcona was its first chairman.

The author remarks that "if a single man be permitted to hold the title, D'Arcy must go down to posterity as the father of the entire oil industry of the Middle East." The company's first big customer was the British Admiralty in 1914. In that year the young Winston Churchill was its First Lord. In the foreword to this book he writes: "This great enterprise has played a notable part in the history of the past fifty years and has contributed to our national prosperity in peace and our safety in war. The pioneering of the vast oil industry in the Middle East is a story of vigour and adventure in the best traditions of the merchant venturers of Britain."

The book tells the story of prospecting for oil in Persia, Iraq and Saudi Arabia; of the development of oilfields and the setting up of huge refineries. All this in countries of sparse populations, unaccustomed to mining operations, and at great distances from engineering works.

Pipelines had to be laid down between the oilfields and the refineries, and between these and the coast, and these were very considerable undertakings, for example, the pipeline between Kirkuk (Iraq) and Haifa (Israel) is 1100 miles long.

In intermediate chapters the development of the modern tanker is described.

A chapter is devoted to two of the remarkable contributions of the oil industry to the Second World War:

PLUTO (pipeline under the ocean). By this remark-

able engineering feat 1,000,000 gallons of petrol per day were pumped under the British Channel to the troops in France.

FIDO (fog investigation dispersal operations). Briefly, this consisted of oil burners by means of which fog was dissipated at aerodromes so that aircraft could land in safety.

The great changes that the development of the oil industry has brought to the Middle East are well shown in the two cases of Abadan and Kuwait.

In 1910 Abadan was a small, desolate and almost desert island at the head of the Persian Gulf. It had been formed from the silt of Shatt al-Arab, the confluence of the Tigris and Euphrates rivers. Thus it was completely flat, and distinguished chiefly by intense heat, mud and flies. Yet on this site, and within 30 years, there was built the largest oil refinery in the world. Around this there grew up a community of 140,000 persons. Apart from the refinery and its associated engineering shops, the area had a power station, a water filtration plant and reticulation system, hospitals, schools, including a very fine technical college, a railway system and various sports fields. By 1951 some 70,000 Persians were employed, the annual wages bill was £20,000,000, and yet in that year, owing to the intense nationalism of Dr. Mosaddeq, the Persians repudiated their agreement with the company and seized the industry. All British workers withdrew, and the company left assets valued at some hundreds of million pounds. Subsequent events proved that the Persians alone were unable to maintain the oil industry, or more precisely, to transport and sell abroad its products. Finally, after three years, the financial chaos in Persia led to the formation of a "Consortium," under which technical control reverted to British, American and Dutch interests, and by 1957 36 million tons of oil were being exported again annually—a most remarkable recovery.

The rise of Kuwait is a modern fairy tale. Kuwait, a small Arab Sultanate on the Persian Gulf, was for its own safety under British protection. In 1920 its total population was less than 40,000 and pearl fishing its main industry. Its inhabitants were miserably poor. Then oil was discovered, and during the next few years as the fortunes of the Persian oilfields declined so those of Kuwait rose, and from 1946 Kuwait rocketed to fame. By 1958 it had become the richest oilfield in the world. Its population had expanded to 220,000. Two fine modern cities had been built, and the revenue from oil was equivalent to £500 per annum for every man, woman and child in the country—riches undreamed of a few years before. In 1958 its production was 69 million tons of oil. As in Abadan, fine schools, hospitals and health services have been established; playing fields, swimming pools and a golf course provided.

To top all this Kuwait has what is described as the eighth wonder of the world—its jetty, which is three-quarters of a mile long, and the biggest "filling station" in the world. It can load 350,000 tons of oil into tankers in 24 hours.

Away from the East, British Petroleum has an extensive research institute at Sunbury (Great Britain). In recent years huge oil stores and refineries have been established throughout Great Britain. Two of these produce three million tons per year, and one seven million tons. This last refinery and associated activities in Kent cost £80,000,000.

*Adventure in Oil* is a remarkably fascinating story and well told. The "adventure" is one of the great enterprises in the world's work. The book gives full credit to the determination, tenacity, skill and vision of the devoted band of men who so laboriously erected this huge undertaking. The story gains greatly from the numerous fine illustrations.—A.T.S.S.

**Pharmaceutical Emulsions and Emulsifying Agents** (Third Edition), by Lawrence M. Spalton, B.Pharm. (London), M.P.S. Third edition revised by Robert Frank White, B.Pharm. Chemist and Druggist, London, 1959, pp. 140; price 9/- stg., postage 8d.

At first sight and from its very first pages, this small addition to the "Chemist and Druggist" series adequately fulfils what is required by the student and expected by the practising pharmacist in an extremely practical approach to the problems of pharmaceutical emulsions. The author quickly and concisely moves through chapters relating to emulsification theory, classification, formulation, significance and the preservation and storage of emulsions; and the subsidiary list of emulsifying agents and other substance employed in pharmaceutical emulsions is particularly useful in formulation—a province into which pharmacy is, of necessity, extending.

No longer do we find the inert paraffin base ointments acceptable to the prescriber. Neither are they appreciated by the patient, nor competitive with the plethora of prescription proprietaries which dominated contemporary prescribing.

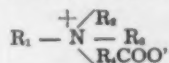
The A.P.F., 1955, in an attempt to offer a wide selection to the prescriber, includes water soluble bases—glycanths and a macrogol ointment; and the water miscible cream bases, and certain magmas. Of these, the most exacting in their application are the emulsified cream bases.

Production of a satisfactory, stable emulsion demands two things: correct formulation and correct technique; and in this discussion "Pharmaceutical Emulsions," whatever else its limitations, is basically sound, practical and readable.

The "synthetic" emulsifying agents are classified according to their ionic character into four groups—

1. Anionic or anion active agents.
2. Cationic or cation active agents.
3. Non-ionic agents emulsifying agents—emulsifying agents which do not dissociate in water.
4. Ampholytic agents—agents which depend for their ionic character on the pH of the solution. This is one of the additions to bring the current edition of "Pharmaceutical Emulsions" up to date.

Ampholytic agents are cationic at pH 9.0 and above, anionic pH 5.0 and below, and non-ionic at neutrality. Additionally they are stable to phenols, quaternary ammonium compounds, and stable to concentrations of electrolytes. Two main chemical types are available. The internal quaternary compounds, e.g., ambiterics,



—the  $R_1$  is a suitable surface-active agent, producing compounds with  $C_8$  to  $C_{18}$  chain;  $R_2, R_3, R_4$  are similar alkyl groups, but with shorter chains.

Those of the second type are usually long chain amino acid derivatives, e.g., Amphionics.

Dealt with in detail is the modern conception of the necessity of ionic compatibility between emulsifying agents and/or each incorporated drug.

To the student of pharmacy, whether his interest be in qualification or in remaining abreast with current trends, the neat blue volume may be confidently recommended a valuable addition to any library.—J.A.M.

**"Husa's Pharmaceutical Dispensing."** Edited by E. W. Martin and J. E. Hoover. 5th Edn. Mack Publishing Company, Pennsylvania, 1959.

On the title page this book is put forward as "A textbook for students and teachers of pharmaceutical compounding and dispensing and a reference book for pharmacists in retail and hospital pharmacy and in pharmaceutical development and production." These are wide claims for a book of 729 pages, and though there is admittedly something in the book for each of these parties, it is not surprising that the text fails to provide for everyone to any great extent. The main target is the man in the prescription department of the larger retail establishment, and it is unfortunate that many chapters do not reach a standard high enough to be very useful to anyone in that branch of pharmacy.

Each chapter is by a different author, and there is an immense variation in the standard of treatment of the subjects, some chapters being on an advanced level and others being too elementary, general, vague and lacking in quantitative information.

In common with all American texts on this subject, much of the value of the book is lost when it is brought into British Commonwealth countries, because of the different systems of apothecaries' weights and measures, the different pharmacopoeias, the different trade names of ethical proprietaries, the different makes of equipment and machinery in use, and the sharp differences in professional practice.

There are 26 chapters, each by a different author and covering the topics of the model prescription, measurement, various dosage forms (14 chapters), sterilisation, incompatibilities (3 chapters), drug stability, prolonged drug action, retail dispensing in general (2 chapters), hospital pharmacy and governmental pharmacy.

The outstandingly good chapters are those entitled:

"Compounding Accuracy," in which are set out the procedures and equipment required to dispense with an accuracy of + or - 5%.

"EENT Preparations," which consists of a thorough treatment of eye, ear, nose, dental and throat preparations.

"Sterilisation," which is outstanding for the all too brief but valuable discussion of gaseous sterilisation.

"General Incompatibilities," "Inorganic Incompatibilities," and "Organic Incompatibilities," collectively comprising 232 pages. Of especial interest is the long list of incompatibilities for ethical proprietaries, though the statement "none listed" appears after too many of the trade names.

"Drug Stability," which contains a very good treatment of the pharmaceutical aspects of reaction kinetics with the integrated forms of the equations provided. One would like to see this subject dealt with in many other pharmaceutical texts.

Unfortunately there is not enough published fundamental information concerning drugs for this chapter to be much bigger than it is, and most of that published is not in a form amenable to summarisation by kinetic theory. Some nine examples at the end of the chapter illustrate the method of applying the principles of reaction kinetics to preparations of aspirin, procaine penicillin and ascorbic acid. Perusal of this chapter by the people concerned could put on a rational basis much of the shelf testing that goes on in the laboratories of manufacturing houses.

Perhaps the most valuable feature of the book is the 1029 references, though it is difficult to understand why one of these (on p. 577 in the chapter on Prolonged Drug Action) should be to the same article, word for word, in a journal edited by one of the editors of this textbook! Which is it that this editor assumes American pharmacists do not read—Husa's Pharmaceutical Dispensing or the Journal of the American Pharmaceutical Association?—H.E.R.B.

AN ITEM OF INTEREST

# CHLORALATE SYRUP

A Successfully and pleasantly Flavoured  
form of CHLORAL HYDRATE

(Chloral Hydrate, 16 grains per each fluid ounce)

## Welcome News

At the request of several of our senior pediatricians we have been successful in disguising the unpalatable taste and burning after taste of Chloral Hydrate.

As you know, Chloral Hydrate has long been recognised as being one of the safest and most effective sedatives. Its main disadvantage has been its unpalatable taste. **CHLORALATE SYRUP** has successfully overcome this disadvantage.

CHLORALATE SYRUP is particularly suitable for administration to infants and children as well as to adults.

### DOSAGE SUGGESTION:

From birth and under six months: 1 grain ( $\frac{1}{2}$  teaspoon or 30 drops).  
Six months to one year:  $1\frac{1}{2}$  grains ( $\frac{3}{4}$  teaspoon or 45 drops).  
1 year and up to 5 years: 2 grains (1 teaspoon).  
5 years and over: 4 grains (2 teaspoons).

### Adult Dosage:

Sedative: 4 grains (2 teaspoons).  
Hypnotic: 1 to 2 tablespoons.

### Packing:

4 oz. bottles ..... Chemist price: 3/6  
16 oz. bottles (dispensing pack) .... 9/-

*Available throughout Australia from your wholesale chemist*



COX FINDLAYSON & CO. LTD. 472-482 Harris Street, SYDNEY. MW 2421

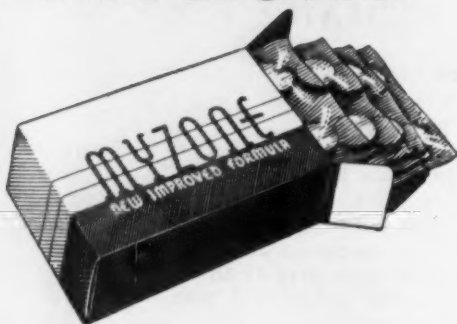
Also at Melbourne, Brisbane, Adelaide, Perth and Hobart



# STOCK BOTH FOR GREATER PROFITS

One Sale just naturally leads to the other

## MYZONE

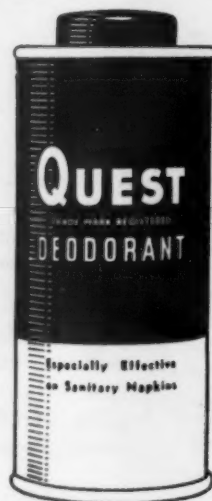


MYZONE Sales last year continued to climb. Advertising pressure is being maintained in all States and already chemists everywhere report continuing fine results, especially when MYZONE is displayed on the counter.

## QUEST

Here is the natural follow-up to a MYZONE or sanitary product sale . . .

**QUEST** Deodorant Powder compounded to be especially effective on sanitary napkins. Stock both MYZONE and QUEST to double your profits!



Ask your wholesaler **NOW** for these products

OR IF YOU  
EXPERIENCE  
DIFFICULTY WRITE  
DIRECT TO

**RILEY  
WILLIAMS  
PTY. LTD.**

BOX 20,  
P.O. FAIRFIELD,  
VIC.

685 Heidelberg Road, Alphington, Vic.



---

# Readers' Views

To the Editor.

---

*These columns are open for the free discussion of any matter of general interest to Pharmacists. Letters under a nom de plume may be published; but each correspondent must furnish his name and address as an evidence of good faith. It must be distinctly understood that the opinions expressed by our correspondents are not necessarily endorsed editorially.*

## DROPPER BOTTLES FOR EYE-DROPS

Sir,—Eye-drops are required by both the B.P.C. and the A.P.F. to be subjected to heat-treatment at 98-100° C. for thirty minutes. With thermolabile drugs aseptic precautions should be used.

Apparently the fee for this professional service must be accepted by chemists as being covered by the five shilling flat rate fee for compounded medicines.

Is it wise for the Commonwealth, therefore, to pay a mere fourpence for an ordinary "poison" bottle to contain eye-drops dispensed under the National Health Scheme?

Chemists generally would appreciate a lead from the Commonwealth in encouraging, and not discouraging, the recommended professional practice.—Yours, etc.,

N. C. MANNING  
M. V. MANGER  
J. D. COLLIE.

Flinders Street Station, Melbourne.  
March 18, 1960.

---

## THE FLOOD OF SAMPLES

Sir,—The rapid growth of the ethical portion of the pharmaceutical industry has not been without its evils.

Not the least is the policy of many firms to deluge the medical profession with samples of their products in an effort to bring them under notice.

I have just recently helped to sort out 28 large tea chests full of such potent substances as pethidine, dextedrine, antibiotics and injectables, which had been sent to the Red Cross depot from doctors—some unopened.

Apart from the obvious increase in cost of preparations to the patient, the principal effect is that doctors in many cases are handing out to their patients preparations like cortisone eye-drops, neomycin creams, sulphonamides, analgesics in their original containers. I know of these above products because customers have come into the pharmacy requesting that they buy more.

It is obvious that this is very wrong, firstly, for such potent drugs to be handed out in this manner, without labelling or other legal requirements, and of the depriving of the pharmacist his professional right as the dispenser of drugs.

This problem cannot be treated lightly, as it involves the future welfare of the profession.—Yours, etc.,

"YOUNG PHARMACIST."

Pascoe Vale (Vic.),  
March 16, 1960.

---

## SOME LIMITATIONS OF A CARD SYSTEM

Sir,—I was extremely interested in your article ("A.J.P." Feb., 1960, p. 121) dealing with a prescription card index system, and would relate my own personal experience with such a system.

Forty years ago a very large prescription pharmacy in Sydney introduced a card system upon the advice of prominent filing experts, and for a time all went well. The daily average of new cards being 120, filing soon became a problem as great as the daily indexing of a 'script book, and under the best control the problem of the misplaced card could not be overcome and caused great and frequent inconvenience.

Cabinet after cabinet were quickly filled with cards and convenient storage became an acute problem.

After 12 months trial we were glad to revert to the well-established and familiar system of the 'script book.

My considered opinion over many years' experience is that nothing equals the well bound 'script book as a permanent record.

The card system, I believe, could be reasonably successful in a smaller suburban business, where the same families keep returning to their favourite local pharmacy, but for a large city pharmacy, whose customers are State-wide, it is definitely the poorer and more troublesome system. Yours, etc.,

A. L. McIVOR, Ph.C., M.P.S.

10 Ashley Street,  
Hornsby, N.S.W.  
March 22, 1960.

---

## STERILIZATION BY IRRADIATION

Sir,—The article "Sterilization by Irradiation" which appeared in the January 30 issue of the Journal prompts us to send you details of a recent report from our Principals concerning the use of irradiation as a means of sterilization with particular reference to foodstuffs.

A considerable amount of work is being carried out in the U.S.A. on the use of irradiation as a means of sterilization, and in view of the topical interest of all matters concerning atomic energy this work is receiving an unjustifiable amount of publicity. Current opinion is that in spite of the publicity the prospects of using successfully atomic radiation for the sterilization of foods are not good in view of the off-flavours and other deteriorations which result. The Quartermaster's Department has been devoting a considerable amount of effort to this work, and recently there has been a scandal in the U.S.A. in view of the fact that considerable quantities of irradiated food have been fed experimentally to troops. Since this food was fed adverse effects have appeared in the experimental animals, particularly in the second and third generations. These adverse effects are believed to be due to the destruction of vitamins and other growth factors in the treated foodstuffs. In view of these disturbing results, the Quartermaster's Department has, for the time being, discontinued all work on atomic sterilization, and it is quite likely that there will be a Congressional inquiry.

Work is being carried out in England, in Canada and Hungary on the combined effect of nisin and irradiation as a means of sterilizing spices and foodstuffs heavily contaminated with bacterial spores. Our Principals are collaborating with the Isotope Division of the British Atomic Energy Authority in these experiments. Since nisin lowers the heat resistance of bacterial spores, it is arguable that it may lower the radiation resistance of spores. If this proves to be correct it may be possible with the use of nisin, irradiation and heat, to effect a sterilization at comparatively low temperatures. It is, however, too early to comment upon this work which has been commenced only recently.

Yours, etc.,

MUIR & NEIL PTY. LTD.

Sydney, 17/3/60.

# Overseas News

## GREAT BRITAIN

London, March 8, 1960.

### Cost of the Service

The cost of the Pharmaceutical Service continues to mount. The supplementary estimate for the financial year ending on March 31 indicates that for Great Britain the Pharmaceutical Service costs over £73 million per year. For England it is approximately 9.4 per cent. above the original estimate, and in Scotland it is 3.4 per cent. Ingredient costs in prescriptions have gone up to 64.4d., compared with 60.36d. in the corresponding period of the previous year. Over the whole range health expenditure is £23.6 million higher than anticipated, and of this the hospitals absorb more than half.

### Price Cutting

Since the law on price maintenance did away with collective agreements, there has been some price cutting, especially in the grocery business, and this has occasioned comment both in Parliament and in the national press. In a leading article the "Economist" said that cautious political calculators would say that any action now would have only a minority of opinion behind it. The best way to make that minority a majority, and to urge the Government on, might be to dissect the arguments that supporters of resale price maintenance used. The article goes on expertly to carry out that operation. It is argued that the fears which manufacturers have of the so-called "loss leader" should have been cut down to size by recent experience in the grocery trade, where no leading product appeared to have been victimised in that way. Another reason why manufacturers wanted to fix resale prices was in order to save small and specialist shops from being driven out of existence. One argument for this was that the greater the number of outlets the greater was the chance that the customer might be chivvied into impulse buying. A "more respectable" commercial argument was that in some trades high-cost specialist shops ought to be kept alive because they provided a specialist service. A common example was "qualified chemists" who, it was claimed, would not be able to make up prescriptions so cheaply if they were not allowed a large fixed profit margin on the proprietary medicines and toilet articles that they sold. The answer here was that those articles were already sold in some 200,000 general stores as well as in Britain's 15,000 pharmacies, and that price maintenance was beginning to break down in them anyway. The proper course was obviously to pay chemists the full economic price for their prescriptions service, not to take it out of the consumer by large fixed margins on soap. One of the arguments of the small shopkeeper in favour of price maintenance was that the consumer would suffer from the demise of the "shop round the corner," because he would then have to walk to a cut-price supermarket a mile away. This, the "Economist" believed, exaggerated the slaughter that competition would cause; it saw as the solution to the problem of the demise of small shops the combining of a measure that set big shops free to cut prices (if they could) with a measure that set one-man shops free to exploit their own main competitive advantage (if they wished) of being able to remain open when bigger shops were shut.

The "Financial Times," on the same topic, said that the ending of price maintenance offered a clear prospect

to the community of economic gain; it offered an equally clear prospect of social detriment, in the form of damage to many shopkeepers and perhaps more monopoly. Whatever decision the Government reached it was unlikely to be a happy one. But on the whole the balance came down in favour of a change.

### Drugs Affecting the Central Nervous System

Considerable criticism has been levelled at the Council of the Pharmaceutical Society for its statement published last August on drugs affecting the central nervous system. The criticisms pointed out that the only effective control is legislation, that pharmacists would like to carry out the advice, but did not feel disposed to do so because others are ignoring it, and also the public may obtain supplies from unqualified sources. The other criticisms are that the announcement should have made it clear that failure to observe the advice would result in disciplinary action, and the method of giving the advice was open to objection. The Council circularised all members during February with another statement discussing the criticisms. This includes:

The Council realise that the problem can only be satisfactorily settled by the imposition of legal control, and have advocated this step, but pharmacy cannot put its responsibility on Parliament or on Ministers such as the Home Secretary in his rule-making capacity. The pharmacist is responsible for his own actions, and each individually shares in the responsibility for those of his profession. Pharmacy must make its own decisions on conduct, since it is a calling claiming to have an expert knowledge of drugs and their properties. It should give a lead and stimulate other authorities by its example. If it waits for other authorities to act it will be abrogating its claims to authority in the field of drugs. Members of the public are entitled to expect pharmacy to set the standard in protecting their interests, and it will receive credit to the extent that it does so irrespective of the effect upon its own material position. At the time the advice was issued the comment in the public press of all kinds was widespread, and was invariably favourable to the Council's policy.

It is also pointed out that the Statement on Matters of Professional Conduct gives authority to the Council to say that an article or preparation should be sold only on prescription, and it must be assumed that there will be a general willingness to observe such advice.

From preliminary information on the proposed changes in the Poisons List and Rules, it appears that most of the drugs covered by the Society's statement will be on a "prescription only" basis, as well as certain androgenic and oestrogenic substances. Some relaxation will be allowed with a number of antihistamines which are at present subject to the "prescription only" requirement. Some preparations made up ready for the preparation of motion-sickness will be liable, with the new cautionary wording "Caution—this may cause drowsiness." The labelling regulations will also be altered to permit the name and address of the seller to be placed on the outside of original packs, and not necessarily on the actual container as is now required. First schedule poisons will no longer require to be sent by registered post.

### Drugs for Private Patients

Reference was made in the February and earlier News Letters to the demand for pharmaceutical benefits for the 2 per cent. of individuals who are private patients and not on the lists of any doctor. The back bench Conservatives, given as 110 last month, increased to nearly 170, but even this number, within the Government ranks, has so far failed to move the Minister. The "Times" reported that Mr. Derek Walker-Smith met them at a private meeting, but he would make no promises. The Drug Bill is now around £70 million a year, and bringing the private patients within its ambit might add another £3 million. The Government appears to

# ADJUSTABLE SHELVING

*Steel or Timber Face • Steel Uprights • Steel Brackets*



**LOW  
COST**

Easily Installed • Fixed to Wall • Free Standing  
Display or Storage • Unbroken Line of Merchandise

Manufactured by

**LINCOLN ENGINEERING INDUSTRIES  
PTY. LTD.**

**430 Riversdale Road, Hawthorn E 3 Victoria — WB 2266 WB 2267**

QUEENSLAND:  
H. T. Andrews  
560 Boudry St.  
BRISBANE

TASMANIA:  
Dobson's Sales Agency  
118 Murray St.  
Hobart

N.S.W.:  
Howard Vaughan  
(Aust.) Pty. Ltd.  
261 Pacific Highway  
North Sydney

SOUTH AUST.:  
Ross Thomas Ltd.  
58 North Tes.  
Adelaide



## OPEN LETTER TO RETAILERS . . .

*Biocitrin is recommended by your Guild in their February/March promotion campaign.*

Dear Sir,

We take pleasure in informing you that our seasonal bonus offer for

### ANDREWS' BIOCITRIN

will commence this year earlier and operate from 1st of March until 30th September, 1960.

During this bonus period we charge retail pharmacists the undermentioned prices for Tablets, Syrup or mixed, subject that one dozen of each packing is ordered as a minimum quantity.

Parcels of 1 to 5 dozen:

44/- per dozen of 25 Tablets.

44/- per dozen of 3 fl. oz. Syrup.

154/- per dozen of 100 Tablets.

(Your saving: 4/-, respectively 14/- per dozen)

Parcels of 6 dozen or more:

40/- per dozen of 25 Tablets.

40/- per dozen of 3 fl. oz. Syrup.

140/- per dozen of 100 Tablets.

(Your saving: 48/-, respectively 168/- per 6 dozen.)

Andrews' BIOCITRIN will be again nationally advertised and we offer you posters for window display, naturally free of charge, on your request.

### BIOCITRIN IS UNIQUE.

*There is no substitute for quality.*

We are confident that the remarkable success achieved last year with BIOCITRIN will be surpassed this year with your co-operation.

Yours faithfully,

ANDREWS LABORATORIES PTY. LTD.

## ANDREWS' BIOCITRIN

a new synergistic combination of

CITRUS  
BIOFLAVONOID  
COMPLEX  
(VITAMIN P)

ASCORBIC  
ACID  
(VITAMIN C)

Recommended for the prevention and therapy of common cold, influenza and virus infections of the upper respiratory tract (URTI); to ensure normal permeability and integrity of the vascular system by protecting patients from capillary damage.

NOW AVAILABLE IN TWO FORMS:

IN TABLETS AND IN SYRUP

Each tablet and each teaspoonful contains

100 mg. of Citrus Bioflavonoid Complex

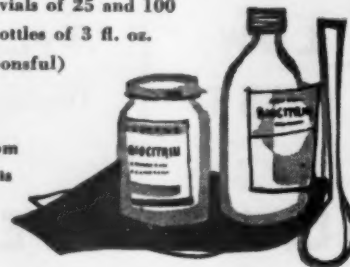
100 mg. of Ascorbic Acid

Tablets in vials of 25 and 100

Syrup in bottles of 3 fl. oz.

(25 teaspoonsful)

\* Derived from  
Citrus Fruits



Andrews Laboratories Pty. Ltd.

15 HAMILTON STREET. SYDNEY

MANUFACTURERS OF DRUGS AND FINE CHEMICALS

AL-79C-HP



be worried about the total cost of the Health Service, which will be £21 higher next year at £584 million. This figure takes no account of the higher salaries proposed for doctors as outlined below.

#### Doctors' Pay Claim

The Royal Commission on Doctors' and Dentists' Remuneration has recommended salary increases which would raise the cost of the Health Service by £32 million in a full year. The Commission was appointed in 1957, and it is suggested that £20 million should be given to doctors and hospital dentists for this period. The Commission, however, does not recommend any increases for dentists who are in private practice, and this is causing great concern among members of the dental profession. It is also suggested that there should be a review body with an eminent chairman and independent members, to advise the Prime Minister on future levels of remuneration. It would act in a manner similar to the advisory committee on the Higher Civil Service. General practitioners should have an average income of £2425 from official sources only, equivalent to £1975 in 1956. There should be, in addition, a special fund of £500,000 set aside annually for making special payments to family doctors of outstanding ability, providing the profession and the Ministry agree to its distribution scheme.

In the hospitals the greatest percentage increase is for young doctors while acting as house officers. The range of these posts should be from £675 to £825 per annum, against a present maximum of £600. Senior registrars should receive a maximum of £1800 and registrars £1400. Hospital medical officers should receive up to £1580, and senior house officers £1100. Full-time consultants should be able to rise to £3900, an increase of £515 per annum, and senior hospital medical and dental officers should be able to earn £2700 in full-time employment. Distinction awards will be £3000, £1750 and £750, and also there should be 100 "A Plus" awards of £4000. The other awards will number 300, 800 and 1600 respectively. As far as can be at present determined, the British Medical Association seem in agreement with the suggestions made.

#### Hospital Buildings —

The Minister of Health has given permission to Regional Hospital Boards to complete the planning of a further number of major hospital projects at an overall cost of approximately £20 million. This is the second list of major projects which have been sanctioned during the coming financial year. Planning itself may take a year or eighteen months before the projects are ready to take their place in the queue for final sanction. The present sanctions are part of the plan for greater capital spending on hospitals, which has been £22 million in the financial year now ending, and in the next two years the figures will rise to £25.5 million and £31 million respectively.

#### — and Running Costs

The cost of maintaining a patient in a hospital bed continues to increase. The returns for Scotland for last year show that the average cost per in-patient week was £13/8/6, an increase of £1/19/10 from the previous year, and the 5.6 million out-patient attention, which cost 11/1 compared with 10/9 in 1958. In the major teaching hospitals the in-patient figure was £21/12/6 as against £18/8/6 in the former accounting period.

In England the latest figure for teaching hospitals was £28/13/10 in the provinces and £34/9/5 in London, increases of £1/3/9 and £1/5/3 respectively from the previous year. The method of estimating the cost of drugs is not capable of giving an accurate average, and the figures range from £2/2/4 to 1/8 per week for drugs and dressings, but in the groups at the lower end of the

scale all the prescriptions are sent out to pharmacies for dispensing.

#### Stock Mixtures

In England and Wales, where the British National Formulary is extensively used by prescribers, stock preparations for mixtures and gargles are frequently kept in retail pharmacies. Mr. F. G. Stock, of the City of Birmingham Analysts' Department, has examined samples from some 118 pharmacies, as well as "Pulv. pro mist," which is another feature of present-day dispensing. These powders are either purchased in bulk or in packets which are of sufficient quantity to produce a specific amount of medicament, generally a Winchester of 80 fluid ounces. Some stock mixtures are also bought ready-made from wholesalers, and sometimes in a concentration. Among the conclusions Mr. Stock reached were that winchesters should be calibrated; the use of only single-strength mixtures seems desirable, if reasonable care is taken in compounding they should be satisfactory, even when insoluble components are present. If mixtures containing insoluble material are purchased, the pharmacist should satisfy himself that they have either been individually prepared or subjected to rigorous analytical control. The use of a stock mixture formulary is desirable, and all entries should be verified. They should be made under a pharmacist's personal attention.

On specific mixtures, Mr. Stock considers: A consideration of aspirin mixture from a medical viewpoint is desirable; the official publications may well contemplate including a specific direction prohibiting the preparation of stock mixtures in cases where this is thought to be necessary; care should be exercised with Mist. Ammon. chlorid. et morph. It should be used fairly quickly, and so it is better to make it rather than purchase it; Mist. rhel. ammon. c. sod. should not be made as a stock mixture; Mist. sod. salicyl. appears to be somewhat unsatisfactory.

#### Examiners' Report

The report of the Board of Examiners for Scotland for 1959 seems to indicate that too much attention is given to facts as distinct from the fundamental principles. In pharmacy the theory papers produced a poor standard of answers, many passing by only a few marks. A question on elutriation brought forth answers on chromatography, apparently due to confusion between the processes of elutriation and elution. This illustrates a point which has been commented upon previously, namely, that students fail to read and understand the question before writing an answer.

Line drawings of apparatus were very badly done. A question on a steam-operated autoclave showed that too many students had never seen such an apparatus. A question on the formulation of disinfectants was badly answered, most students confining their answers to the preparation of one disinfectant without comment on the general principles of formulation. There is a good deal of confusion about the distinction between the terms "bactericidal" and "bacteriostatic." In dispensing there are still quite a number of students who fail to complete all four exercises. Labelling and finishing of preparations is poor. The sealing of ampoules leaves much to be desired. This is seen in both dispensing and aseptic work. Candidates approach simple calculations by long and awkward methods. This gives rise to too many calculation errors. Laboratory notebooks show that most students receive adequate courses of practical teaching.

The standard attained by candidates in forensic pharmacy also continued to fall, but there was some improvement in physiology and pharmacology. Mistakes in calculations occurred in pharmaceutical chemistry, and candidates in the practical examination were still careless in their treatment of equipment, so that manipulation was rather amateurish.

### Doctor and Textbooks

An interesting light on the position of the general practitioner and the treatment of his cases according to the textbooks was cast in a High Court in a recent action for negligence. In the course of his judgment, Mr. Justice Streatfield said: "The law required that a doctor should show that degree of diligence and skill and knowledge which was to be reasonably expected from an ordinary general practitioner. He was not expected to be a worker of miracles or to achieve the impossible."

It had been claimed in the case in question that negligence had been made out because there was a departure from the orthodox method of treatment of this disease without good cause, and that a general practitioner must be guided by the standards of learning existing at the particular time, and should adopt these standards for the purpose of ordinary treatment. Textbook writers, or writers of articles, were writing of a subject generally. They were not writing of a particular patient, and it was common ground between all the doctors that something must be left to the judgment of the doctor on the spot, who did not have to treat a case of infective hepatitis only, but had a particular patient. The general practitioner had to bear the whole picture in mind. He was entitled to use his common sense, his experience and his judgment so far as it fitted the particular case. It would be a sorry day for the medical profession if it were said that no doctor or surgeon ought to depart one tittle from that which he saw written in the textbooks. Indeed, one might go the other way and say that if a doctor did not do so he might be negligent. All doctors had agreed that the general practitioner in charge of the case was the man in the best position to judge, and that statements in the textbooks were no substitute for his judgment. Judgment was given in this case for the practitioner.

## SOUTH AFRICA

### Cost of Medical Treatment

As the profession has been expecting, the news breaks that the Minister of Health has appointed a Commission of Inquiry into the cost of medical treatment and of medicines. The personnel of the Commission does not include a pharmacist, and rumour has it that the nominations have been made by the Minister himself, without the advice of his departmental officials.

Naturally enough, the subject has been the cause of some press comment and the public have joined in by means of letters to the editor. The general way of thinking seems to be that the pharmacist should take no profits at all, but just be content with the dispensing fee. The pharmacists who have joined in this undignified correspondence have pointed out, almost to a man, that a motor mechanic not only charges the profit on his new parts, but includes his time at 25/- an hour, whilst the chemist only charges 20/- per hour. Strangely enough, not one letter that I have read to date has criticised the doctors' fees. These apparently are regarded as a just reward for the time spent in qualifying.

This makes it clear to me that pharmacy in this country lacks good public relations, and the sooner the profession begins to educate the public the better.

Some letters have suggested that the public should join one or other of the Medical Insurance Schemes which are now increasing in number. Past experience has, however, shown that when the numbers of the insured increase sooner or later the payment for medicines becomes a grave financial burden on the scheme, and the patients are then required to pay part or all of the cost of medicines.

Stood in the dispensary one cannot fail to arrive at

the conclusion that this is in part due to the prescribing habits of the doctors, for it is becoming a rarity to see any prescription which needs compounding.

Past experience shows that by the time any Commission produces its brain child the data is already old and no longer applicable. I would imagine that the body to ask about the cost of medicines would be the Pharmaceutical Society, who could surely give a substantiated statement of costs in a very few weeks.

### Breaches of Ethical Rules

The S.A. Pharmacy Board has to date held two meetings this year. One was an inquiry into the conduct of three pharmacists charged with breaches of the Ethical Rules concerning advertising. This is the chief offence by pharmacists, who seem to have little conception of what they may do in the way of advertising dispensing services. The rule lays—or seems to me to do so—down quite specifically what may be done, but offences are common. What surprises me is that pharmacists arrive at these inquiries complete with counsel, prepared to argue about their cases, when surely the best course to adopt is to promise not to offend again.

The Board, at its second meeting, issued the examination pass lists, and it seems that the new three-year course is bringing results. Forty-six new chemists were created under the old regulations, forty-five were referred in one or two subjects, and twenty-seven failed. Under the new regulations of 47 entrants, 37 passed, seven were referred, and only three failed in Part I of the examination. For Part II, the final examination, 15 out of 23 passed, and five were referred.

In addition to these, the Board registered a large number of people who had graduated from the Universities with the degree of B.Sc. Pharmacy.

### Technical College Training

The scheme whereby the Technical Colleges were to train for an external B.Sc. seems to have fallen through, at any rate for the time being, and the diploma will thus continue to be the ordinary qualification in the future. There is, unfortunately, no reciprocity between the Technical Colleges and the Universities, and thus it is not possible for a diploma student to go on to a higher degree. This is the situation which obtains in Britain, and these seems to be no way out of it. It is a great pity, for quite a few students who start doing the diploma course find themselves wanting to go on further, but to be stuck.

There are in South Africa no higher diplomas and, so far as I know, no intention of creating any.

There is one post-graduate diploma, that in Clinical Chemistry, which was created by the Pharmaceutical Society some time ago, and a few pharmacists have taken this.

### Agriculture and Horticulture

In an editorial in the current issue of the "Pharmaceutical Journal of South Africa," entitled "An Unexploited Field," the writer points out that agriculture and horticulture are subjects much neglected by the pharmacists, and the "Journal" has started an Advisory Bureau to provide information and to help pharmacists build up this side of their business. Certainly this idea ties up with the fact that many of the products sold in these fields are poisons and should be sold by pharmacists. As retailed by other traders, the usual legal requirements are ignored and the public are not aware how dangerous many of these substances are.

### Training of Staff For Industry

Recently Parke, Davis & Co. officially opened its new factory in Johannesburg, in an area in which other pharmaceutical factories are being built. The manufac-

*The world's leading manufacturers of*

# ALKALOIDS

*and FINE CHEMICALS*

INSTANTLY AVAILABLE FROM STOCK

CODEINE alkaloid, phosphate,  
phosphate (special).

MORPHINE acetate, hydrochloride,  
sulphate, tartrate.

ETHYLMORPHINE hydrochloride.

PI-HOLCODINE.

ATROPINE alkaloid, methonitrate,  
methylobromide, sulphate.

HOMATROPINE alkaloid, hydrobromide.

HYOSCINE hydrobromide.

ESERINE alkaloid, salicylate, sulphate.

PILOCARPINE hydrochloride, nitrate.

STRYCHNINE alkaloid, hydrochloride.

COCAINE alkaloid, hydrochloride.

PETHIDINE hydrochloride.

PAPAVERTUM.



**T & H SMITH (AUSTRALIA) PTY LTD**

15-17 YOUNG STREET  
SYDNEY

144 BOUVERIE STREET  
CARLTON N 3





## a *Fast Moving* cough mixture

### *Speedy Relief for Your Customers*

KOFRENE stops coughs quickly because it co-operates with nature:

- ★ The expectorant action of iodine hastens the liquefaction and elimination of mucus.
- ★ The sedative action depresses the cough reflex, reducing bronchial spasms and calming jarred throat nerves.

It is of great value for the relief of night coughs; and children take KOFRENE readily because it has a pleasant cherry flavour.

### *Speedy Turnover for You*

KOFRENE sells quickly because it is a good product well promoted—your Abbott depot or representative will give you details of a variety of promotional material.

Marginal turnover builds up quickly, too. Ask about the special buys.

Order KOFRENE now for speedy delivery as you require it. Put a display stand on your counter when the coughing season starts (and that's soon!) and see how fast-moving KOFRENE is.



# KOFRENE

*for prompt relief  
from coughs*

turing industry seems to be moving to Johannesburg, although the largest wholesale and manufacturing druggists, the S.A. druggists' group, is concentrating all its manufacturing plant on the coast at Port Elizabeth. The training of personnel for industry is going to be an increasingly difficult task, since at the moment there are about six vacant teaching posts in pharmacy which it seems impossible to fill. This represents about one-third of all the pharmacy teaching posts, and it seems that South Africa falls far behind other countries in the number of pharmacy teachers in relation to the number of pharmacy students.

This is probably because the industry as a whole has taken little interest in the training of students and has rarely expressed any opinion as to the subject matter which should be taught. Since the advance of industry is bound up with the supply of technical people, it is essential that there should exist close linkage between industry and teaching.

#### Pharmaceutical Society: Annual Meeting

The Pharmaceutical Society is now busy preparing for its annual general meeting, to be held this year in Kimberley, on the diamond fields. They will then sit in review on the year past and determine what progress, if any, has been made, and discuss resolutions for the future policy of the Society. One of the subjects discussed last year was reciprocity with other countries, but little progress has been made in this field, many young pharmacists wish to travel and to work to support themselves whilst broadening their experience. It would help them a lot if they could practice pharmacy, and I see no reason why other countries should not let them work as pharmacy assistants at least. Full registration would not be necessary, but, alas! most pharmacy Acts seem not to have provided for this type of registration.

Most of the resolutions in 1959 dealt with the sore subject of sale of poisons and, it seems to me, that public opinion, parliamentary opinion and that of the medical profession is slowly but surely turning to the view that the chemist is the responsible man who should have charge of all poisons. However, in hospitals this does not seem to be the view. A letter in the current issue of the "S.A. Pharmacy Journal" points out that all stores, including poisons, prescription-only drugs, and even narcotics are purchased by unqualified staff and stored and issued by them. This is, of course, in direct contravention of the Act, but this does not seem to worry the Government departments concerned. One wonders what the repercussions would be if someone instituted a private prosecution against one of the storekeepers.

#### Pharmacy Act

The Parliamentary Session has just begun and with it the hopes are raised once again that there may be time for some amendment of the Pharmacy Act to give effect to ideas which the profession has had before them for years. Now that there is a pharmacist in the House, it may be possible to get more done, but I have always had the feeling that if pharmacists broadcast more something of their hopes and aspirations, public opinion might eventually swing Parliamentary opinion.

For years the profession has had the idea of a new Pharmacy Act to give effect to their dreams, and to sweep away the difficulties brought about by the much-amended old Medical, Dental and Pharmacy Act. But legislation during the past few years has left little time for new laws such as this, and it seems that the present session of Parliament will have no time either. Speaking as a pharmacist, it occurs to me that Parliament might sit a little longer and do a little more.

Whether the Society ever created the Parliamentary Fund, which was once spoken of, I cannot say, but legislation is rarely achieved by wishing. Much money has to be spent in propaganda, much lobbying done—and, even then, one must expect queer results. Once a

Parliament gets its teeth into a subject like pharmacy, of which all Parliaments seem to know little, anything can happen!

#### The Cost of Medical Services and Medicines

The chief topic of conversation when pharmacists meet is the Commission of Enquiry into the cost of medical services and medicines. Since the Annual General Meeting of the Society is in the offing, one may expect a great deal of discussion there on this topic. Indeed, one branch of the Society has put down a motion that the Society views with dismay the fact that a pharmacist will not sit on the Commission.

For my own part I cannot see the necessity for any Commission. The country has a Department of Economic Affairs which has in the past investigated cost structures and could do so in this case, simply and expeditiously.

My own fear about any Commission is that it will accept the spectacular and reject the ordinary—and if this is done one may expect queer results.

Yet another branch has a motion down asking that all medicines be restricted to pharmacies, and that if this is done, the chemists would be willing to operate only on an Apothecary Licence, selling only those goods which it is usual for a chemist to sell.

This, of course, covers a lot of territory these days, and if the millenium arrived and chemists became really chemists, I can imagine a lot of argument about what is proper to be sold by chemists.

The point which seems not to occur to a lot of people is that the chemists subsidise cheap dispensing fees by selling non-pharmaceutical lines which are profitable to them.

Having spent a great deal of my professional life in a pharmacy which was a pharmacy, I have a clear idea of the costs involved, and there is little doubt that if the pharmacist had to depend solely on dispensing and the sale of medicines, there would be a very substantial increase in the dispensing fees.

However, the public have a blind spot when it comes to looking at this problem. Whilst they will quite cheerfully buy an imported article which shows the seller a 100 per cent. profit and the State a tolerable import duty, when it comes to medicines which may save life they regard the cost with a jaundiced eye!

I cannot fathom what peculiar process makes people count the bawbees when they are sick, a time when they should be devoting themselves to prayer rather than worldly matters.

#### Pharmacy Training in Universities and Technical Schools

One startling motion sent to the A.G.M. is one which states that academic training in pharmacy should be given only by Universities and that in future the only way to the Register is via the B.Sc. in Pharmacy. No explanation is offered as to why the Technical Colleges, who have for 30 years taught pharmacy, are to be discarded now. The Pharmacy Board, if I read their reports aright, have complete confidence in the Tecs and wish to preserve their right to teach pharmacy.

What the proposers of the motion overlook is that the Universities would require considerable finance before they began teaching pharmacy, and they would naturally look to pharmacy to provide it. They would, I fear, look in vain. I know that one University which put out an appeal for funds has been greatly disappointed with the results.

The problem is not even as simple as that. Every item of equipment has to be imported, even down to the staff, and whilst in the case of equipment the problem is not so bad, in the case of teachers it is impossible. The world is producing too few teachers of pharmacy; and I think the time has come when pharmacy must be numbered amongst those privileged professions whose teachers are paid higher salaries on the ground that they make a bigger sacrifice in forsaking private practice. Incidentally, one University

in the Union has appointed a professor of pharmacy, the other one not having to date made this gesture.

#### Prescription Only List

At least three motions are concerned with amendments to the Sixth Schedule, i.e. Prescription only drugs. One argues that no additions should be made to it, introduced to the A.G.M. by the branch which some years ago brought this schedule into being! However, it is quite clear that the present state of affairs cannot go on, and the only solution which I can see is that records will have to be kept of every purchase and every sale. This will throw a great deal of work onto the pharmacist—and further increase the dispensing fees!

One of the great difficulties with both Prescription only drugs and with Narcotics is that there is insufficient policing of the Act. The appointment of more inspectors would help considerably, but the profession should have the right to insist that these inspectors be qualified pharmacists.

#### Training of Non-Whites

Other motions concern the training of non-whites as pharmacists. The movers are concerned that the standards for all groups should be the same. Since the Act provides for only one pharmacy qualification, there is little danger of non-whites being given a lesser qualification.

Recently there have been established in the Union several colleges specially for non-whites, but so far none has begun pharmacy, although the Head of one has said that he intends to in the future.

#### Apprenticeship

Another motion asks that apprenticeship be allowed after the completion of the academic training. The danger in this motion is that it would be possible to get a number of graduates who would find it difficult to become apprenticed, with the ultimate result that the authorities might be forced to register them without having undergone the customary period of indentures. However, the Board has recently ruled that the entrants to pharmacy must have passed a first year degree course, after which they must serve their two years apprenticeship.

The Association of Institutional Pharmacists is sponsoring a motion which will ask the Pharmacy Board to make it unethical for a pharmacist to accept a post in the public service if it has not been advertised and if the salary offered is less than the official scale. I imagine that this is intended to combat the filling of posts by private negotiation to the exclusion of pharmacists who have seniority in the service.

#### Plenary Session

It is intended at the Annual General Meeting to hold a plenary session at which representatives of all pharmaceutical organisations will be present. The subjects for discussion are the cost of health services, decimalisation and the prerogatives of the pharmacist in all spheres of practice.

It should be interesting to hear the discussion on the latter item, and it is not before time that the profession as a whole got together and found out where it stands. For some reason within recent years the pharmacist has lost his place in the scheme of things. When he was an apothecary he had the respect of the public and was regarded as an equal partner with the doctor and the surgeon in the health field. Today he is not regarded in that light: is this a natural consequence of the way things have developed in pharmacy or has the pharmacist himself contributed to this state of affairs? In no small measure I believe the latter to be true.

I have always felt that the pharmacist does not get the attention he deserves from the Government because he does not go out of his way to get it. Yet in this country he could be a useful factor in the battle for

health and in the development and preservation of the potentialities of South Africa.

There are relatively few chemists in the Union, but the impact of 3000 professional men could be considerable.

#### A Year of Activity

This year the Society will be able to report at its A.G.M. that it has had a really active year. The President of the Society has really circulated, and I do not think that there is a branch of the Society that he has not visited. This at least will make the members more aware that they are bound together and that the Society exists for the benefit of all members.

Then again I note that the younger members of the profession are beginning to play a more active part in Society affairs; this I believe is due in no small measure to the existence of an active students' Federation which gives them their introduction to pharmaceutical politics.

In fact the Federation has been giving attention to matters which some pharmacists think is outside their purview. One idea that they have been pushing is for a limitation in the number of pharmacies on a ratio basis. If this were adopted it might lead to more pharmacists going to the smaller towns, but I doubt if the newly qualified ones would do that. They seek the bright lights and the gay time.

However, I believe that they have a right to discuss anything pertaining to pharmacy, and if they can persuade the senior Society to adopt their views—then good luck to them. I simply hope that their ideas will not be discarded because they are the ideas of the younger set. After all, William Pitt was Prime Minister of Britain at 24!

#### Reduced Fees for Medical Services

A current headline in the daily press reads "Doctors in Cut-rates Row." It goes on to say that there is a possibility of some 1200 members of the S.A. Medical Association resigning.

This has been sparked off by the Association's decision to recognise organised groups of people as medical aid schemes and permit them reduced medical fees. The custom in the past has been to allow these discounts to members of a particular industry, the members being workmen and their families.

Within recent months, however, two large insurance companies have entered the field of insured medicine. One of them has the backing of chambers of commerce, and all sorts of industries are being organised and presented to the medical profession as groups worthy of special fees.

The special fees are of interest to the insurance companies, as the lower the fees the higher the profits. The doctors are at last waking up to the fact that before long the majority of their patients will be on the reduced fee basis, and they face either the possibility of a reduced income or the necessity of putting up the fees of their remaining private patients.

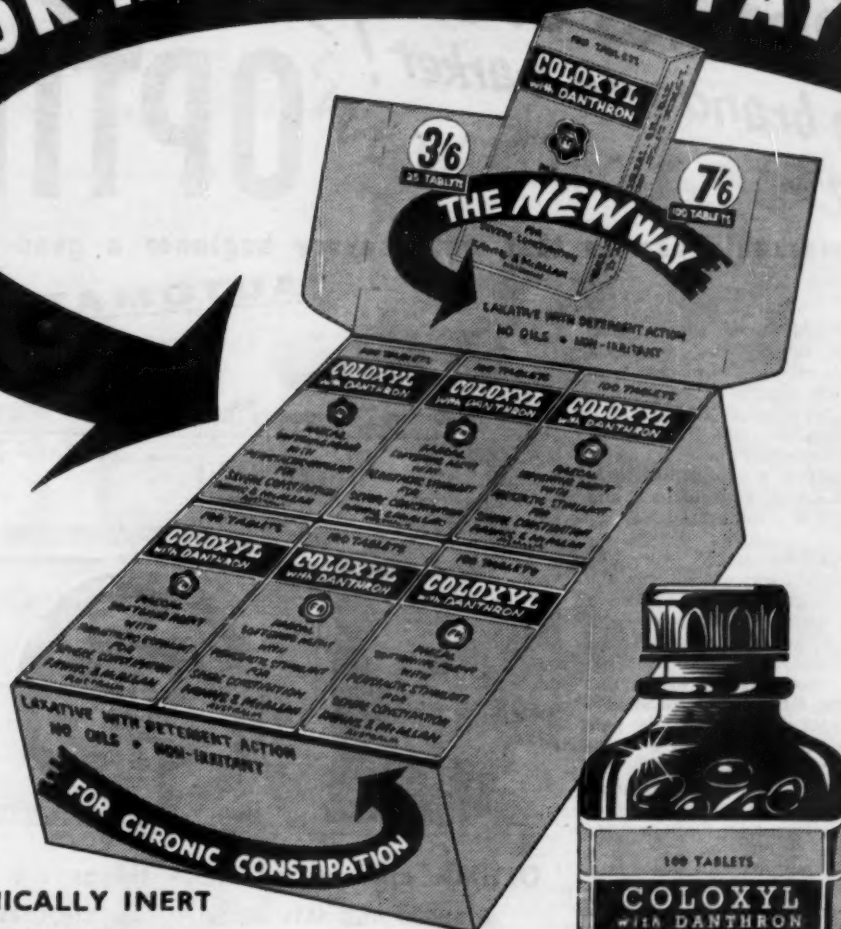
The insurance companies have recently increased the rates for medical benefits and are fast becoming aware that once such a system is introduced people expect to get full value for their money and visit the doctor at every ache or pain, imagined or real.

As I have repeatedly pointed out, whenever anyone will listen to me, sooner or later the Government is going to realise that there are two sets of prices for medical attendance and medicine for different sections of the community. Since it is clear that both must be economic or doctors and chemists would not continue to make these charges, then it is equally clear that one section is being overcharged. At any rate that is the logic which the Government will exercise.

The State has so far resisted the idea of a State Medical Service, but I'll take a bet that if these Benefit Societies continue to grow, then within ten years the Government will find itself with a ready made Medical Service which, like Topsy, has just growed!—A.L.



**FOR RESULTS THAT PAY**



**A NEW CHEMICALLY INERT  
WETTING AGENT AND  
PERISTALTIC STIMULANT  
FOR THE TREATMENT  
OF CHRONIC CONSTIPATION.**

**IN NEW DISPLAY OUTER  
FOR CUSTOMER SALES APPEAL.**

**FAWNS & McALLAN**

CROYDON, VICTORIA

MELBOURNE SYDNEY BRISBANE ADELAIDE PERTH LAUNCESTON

# Agfa *BREAKS OPEN* a brand new market! with Agfa **OPTIMA**

The remarkable camera that makes every beginner a good photographer **AUTOMATICALLY!**

AGFA OPTIMA—the camera that outsold every other 35mm camera on the German market—now gives you the selling opportunity of your life—and here's three good reasons why. It aims straight at the almost untouched beginners' field . . . it's AGFA quality at a competitive price . . . it's just loaded with features, and every feature is a selling plus.

AGFA OPTIMA makes everything easy not only for you, but for the customers. If they've never taken a picture in their lives before, they'll get perfect shots with OPTIMA because . . . it's fitted with a special "Stop-Go" spot shooting signal that shows in the large bright viewfinder. When the spot shows Green, the light is right to "Go," but when it shows Red for "Stop," the light is insufficient. The camera can then be switched off automatic, of course, for those wishing to experiment or take flash pictures.

In addition, the OPTIMA sets shutter speeds and apertures automatically, and their infinite variations give the best possible exposure for any type of film, colour or black and white. Focusing is equally simple; the three zones for portraits, groups or landscapes being clearly indicated by symbols. The customer just can't go wrong with OPTIMA—and neither can you. Here's a market outside your normal camera sales that can greatly increase your business by bringing a new group of camera and film buyers to your store. Remember, OPTIMA is AGFA—and it's "AGFA for every-thing photographic."



**OPTIMA operates all these things . . . automatically!**

- ★ READS AND SETS METER!
  - ★ CHOOSES APERTURES!
  - ★ MAKES ALL CALCULATIONS!
  - ★ SELECTS SHUTTER SPEEDS!
- THERE'S NO WASTED FILM WITH THE OPTIMA!**

Agfa Optima, backed by the heaviest press advertising EVER can make hundreds of new customers for you. WE get them into the store. YOU do the demonstration. Every demonstration means a sale!

**OPTIMA is a cinch to sell—order stocks now and anticipate the demand!**

RETAIL PRICE: **£39/10/-** WITH CASE

**F. H. FAULDING & CO. LTD.**

Adelaide • Perth • Sydney • Melbourne • Brisbane

**YOU SELL THE BEST WHEN YOU SELL AGFA . . . MADE IN GERMANY**

A8228

## Trade Notes

### NEUTRAVESSENT

Hamilton Laboratories Ltd. of Adelaide has notified by circular dated March 24, that the prices of Neutra-  
vessent and Neutra-  
vessent with Belladonna have been altered to 48/- per dozen wholesale, effective immediately.

### PROSEPTASINE TABLETS

May & Baker (Australia) Pty. Ltd. has notified the re-introduction of "Proseptasine" tablets 0.5 G. to meet the small but important demand that exists in Australia for this product.

Tablets of 0.5 G. are available in packs of 100 and 500 at prices to the chemist of 15/- and 53/- respectively.

### ASPRO-NICHOLAS LTD. TAKE-OVER OF E. GRIFFITHS HUGHES LTD.

Aspro-Nicholas Ltd., United Kingdom, has advised that it has acquired all the ordinary capital in the British pharmaceutical company, E. Griffiths Hughes Ltd.

Nicholas Pty. Ltd., Melbourne, has announced that at present this deal only concerns its associates, Aspro-Nicholas Ltd., England.

The implications concerning the Australian market are not yet known, and in the meantime the Australian activities of Griffiths Hughes Ltd. will continue to be run separately, as at present.

### STERLING DRUG PRESIDENT

Dr. J. Mark Hiebert, president of Sterling Drug Inc., a world leader in drug manufacture, was recently elected to the additional office of chairman of the Board. His predecessor in this post was the late James Hill, jnr., who died suddenly in Paris on January 27.

President of Sterling since 1955, J. Mark Hiebert has been a director of the company since 1949, and was its executive vice-president, 1950-55. He joined the Sterling organisation in 1934, was a prime mover in the development and marketing of important new products, and headed several units of the company before moving into the executive management of the business.

Dr. Hiebert takes a prominent place in industry and in education. He is a member of the Board of Trustees of Boston University, and is also a trustee of Columbia University College of Pharmacy, American Foundation for Pharmaceutical Education and American Child Guidance Foundation. He is vice-president and chairman of the finance committee of the Proprietary Association, and vice-president and member of the executive committee of the Health Information Foundation.



Dr. J. Mark Hiebert

### TUSSILS

Boots Pure Drug Co. (Aust.) Pty. Ltd. announces the availability of Tussils, a new type of anti-tussive lozenge. Each Tussil Lozenge contains Dextromethorphan

Hydrobromide 2.5 mg. and Phenylephrine Hydrochloride B.P. 0.5 mg. in a soothing, hard sugar base.

Tussils are intended to relieve the coughs associated with colds, influenza, bronchitis, excessive smoking and all other types of dry, exhausting coughs.

Tussils are packed in vacuum sealed tins of individually wrapped lozenges and retail at 6/6 per tin of 24.

Due to their Dextromethorphan content, Tussils are a Sixth Schedule—Part 1 drug under the Regulations of the Pharmacy Board of Victoria and may be supplied only on prescription in that State.

### M. & B. RESEARCH INSTITUTE

Constructional work on a new Research Institute at Dagenham, Essex, is now nearing completion, and May & Baker Ltd. expects these buildings to be equipped and fully operational by early spring of this year.



M. & B. Research Institute showing completed Biological Wing in foreground.

The M. & B. Research Institute will comprise three main buildings, a chemical wing; a central building housing the library, lecture theatre and administrative offices; and a biological wing with ancillary buildings. The entire block will provide over 100,000 sq. ft. of floor space at a cost of over one million pounds sterling.

The new Research Institute will enable existing research units from various laboratories in the Dagenham Works to be brought together in one coherent group. At the same time, it will provide additional facilities for M. & B. scientists working on expanded research programmes. Close liaison with the present Agricultural and Veterinary Research Station at Ongar, in Essex, some twelve miles from the main Dagenham Works, will be continued and further development of this Field Research Station will take place.

### ABBOTT LABORATORIES

Tremendous growth in health services in the Sixties is foreseen in the annual report of Abbott Laboratories recently released in the United States.

"The outlay for medical care in America could well increase from \$16.4 billion today to \$34 or \$36 billion by 1970," President George R. Cain and Chairman Elmer B. Vliet report in their letter to shareholders. "This is, let us emphasise, a cautious projection based upon reasonable population growth, routine medical advances, and the growing demand for not only better, but for more, widespread health care."

Emphasising the world-wide expansion of Abbott, the report says ground will be broken this year for sub-



stantial new plants in Colombia, England, and Italy, and probably in Australia. Land and buildings have also been acquired in Pakistan, which will become the 20th country in which Abbott manufactures pharmaceuticals.

Ready for occupancy this month at North Chicago is the new nine-storey Research Centre addition. About 200,000 square feet in area, it almost doubles the physical space available for research development, and control activities.

The report lists 1959 net sales of \$122,602,000, a 5.2 per cent. increase over 1958. Net earnings rose slightly from \$12,876,000 to \$12,989,000, although earnings per share remained at \$3.32.

The report points out that \$26,720,000 has been spent in an extensive capital expenditure programme in the last three years.

The number of employees increased world-wide from 8,491 to 8,688. Almost all of the 3,500 employed overseas are nationals of the countries in which they work.

During 1959 Abbott marketed about 40 new products and drug forms to strengthen its diversified line of 600 products. Research expenditures came to \$6,900,000, representing a 20 per cent. rise from 1958. A similar increase is budgeted for 1960. "Our research is proceeding intensively in 15 broad projects covering many areas of medicine," the report reads.

For the twelfth straight year, the Chemical Marketing Division reported a substantial advance in sales, with a 29 per cent. increase in the number of customers.

#### ADVANCES IN FILM RESEARCH

Last month (p. 151) we referred to the current visit to Australia of Dr. Merle L. Dundon, a world authority on photographic emulsions and colour film products.

He has since inspected the 55-acre Kodak plant being built in the Melbourne suburb of East Coburg, and has met motion picture and television producers in capital cities of Eastern States.

Dr. Dundon, a senior executive of the Kodak organisation at Rochester, New York, has been a research scientist with the Kodak organisation since 1923, and pioneered the development of Kodachrome colour film and the Eastman Colour processes for motion pictures. In Melbourne, he predicted considerable progress in the development of high-speed film "within the foreseeable future."

Kodak films had doubled in speed in 1937, again in 1954 and advances had been made since then, Dr. Dundon said.

"We have made special film to meet the requirements of missile testing and photographing of launchings. This film is extremely fast and of high quality, considering the speed," he added.

"We are also catering for the needs of oil exploration companies. Films have been made which will stand boiling-point temperatures and are used in instrument cameras which go underground to record stages of oilwell sinking.

"Work is progressing in improvements in processing and in producing images. Graphic arts, especially lithography, and industrial photography are expanding fields, too.

"Phototype setting is developing, photosensitive resin resists are used for such things as printed circuits and there are good photographic methods for making silk screen stencils."

Dr. Dundon also discussed the Minicard system of data recording and storage which was developed for the U.S. Government.

This system employed small film "chips" each capable of recording 12 documents and with an image reduction of 60:1. A printed code of dots on the film chips enabled them to be sorted or retrieved by a machine at the rate of 1000 a minute.

"Minicard has achieved amazing results," Dr. Dundon said.

He predicted that the biggest growth in sales of ama-

teur and professional film products would be in the field of colour, basing this view on U.S. statistics for last year.

"Of total film sales in the U.S. last year," he said, "50 per cent. was in colour. Between January and October, 166 motion pictures were started, more than 40 per cent. of them in colour.

"However, black and white film will always be the ideal medium for certain types of dramatic stories."

Dr. Dundon said he felt it would be many years before Australia could afford colour television.

"Colour TV receivers in the U.S. cost three times as much as the normal sets, and their maintenance calls for special skills.

"There are some colour telecasts and a few thousand receivers have been sold, but there is no mass market for them," he added.

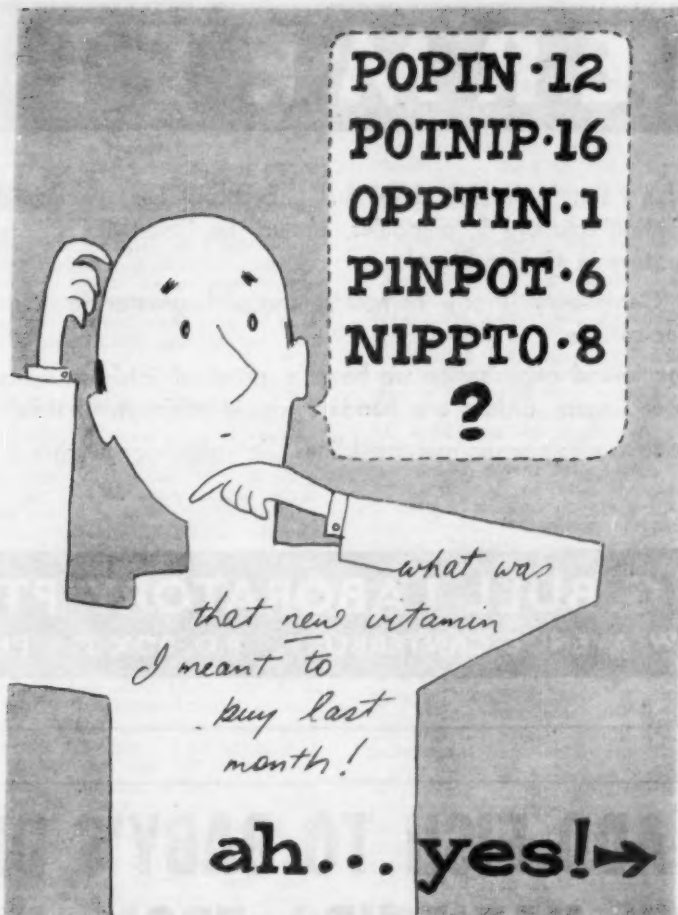
During his stay in Melbourne, Dr. Dundon spent considerable time with technical experts at the new Kodak factory, who are planning expansion of the range of colour films produced in Australia.

"As a scientist, I am extremely proud of the manner in which Kodak in Australia has combined the results of our American research with its own work to produce photographic products equal in quality to the best in the world," he said.

#### P.A.T.A. OF N.S.W.

Notified 8/3/60—

Chemists' Section: Additions			
Commonwealth & Dominion Agencies Pty. Ltd.			
Size	Retail		Wholesale
7 oz.	6/-	Fortagen	48/- doz.
14 oz.	9/6	Fortagen	76/- doz.
42 oz.	25/-	Fortagen	214/- doz.
H. F. Harvey Pty. Ltd.			
100s	20/-	Estrasal	30/- ea.
25s	7/6	Salaphen	60/- doz.
100s	25/-	Salaphen	16/8 ea.
Martin & Co. (Surgical) Ltd.			
Box of 12	1/4	Handyplast Antiseptic	
		First-aid Strips—w'proof	10/8 doz.
Box of 30	3/3	Handyplast Antiseptic	
		First-aid Strips—w'proof	25/- doz.
Box of 100	8/9	Handyplast Antiseptic	
		First-aid Strips—w'proof	70/- doz.
Box of 12	1/8	Handyplast Antiseptic	
		First-aid Strips—plastic	13/4 doz.
Box of 30	3/11	Handyplast Antiseptic	
		First-aid Strips—plastic	30/- doz.
Box of 100	1/9	Handyplast Antiseptic	
		First-aid Strips—plastic	86/- doz.
Box of 12	1/6	Handyplast Antiseptic	
		First-aid Strips—elastic	12/- doz.
Box of 30	3/6	Handyplast Antiseptic	
		First-aid Strips—elastic	28/- doz.
Chemists' Section: Alterations			
James Hare & Co. Pty. Ltd.			
1/6		Tru-flo Modern Nurser	
		Teats	11/- doz.
H. F. Harvey Pty. Ltd.			
4 oz.	3/-	Digestase	24/- doz.
100s	8/-	Ferri Vita	64/- doz.
General Section: Additions			
Marigny (Australasia) Pty. Ltd.			
Tube	9/11	Marigny Fair and Cooler	63/- doz.
Tube	7/3	Marigny Trill	45/- doz.
Raymond Mullis Pty. Ltd.			
7/6		Nytol	60/- doz.
General Section: Alterations			
H. F. Harvey Pty. Ltd.			
4/6		Easol Liniment	36/- doz.
1000s	15/-	Vio-drip Tablets	120/- doz.
Hillcastle Pty. Ltd.			
7/6		Hair Magic	48/- doz.
9/6		Inecto—"Rapid," Ordin-	
		ary—"Four in One"	62/10 doz.
11/6		Inecto Colour Creme	73/7 doz.



# TOPPIN 22

VITAMIN and MINERAL TABLETS

*The Only Ones With Lecithin*

**Fine formula — Magnificent package — Really worthwhile bonuses**

**WHOLESALE ... 12/-**

**RETAIL .... 18/-**

Up to 5 only — — — 12/- ea.

1/2 doz. invoiced 5/12 doz.

1 doz. invoiced 9/12 doz.

3 doz. invoiced 2 doz.

6 doz. lots maximum,

Bonuses and Discount 5%

12 doz. lots maximum

Bonuses and Discount 10%

**R.D. TOPPIN & SONS PTY. LTD.**

N.S.W.—45-51 Crystal St., Petersham - LM 2023, LM 4870

VIC.—245 Swan St., Richmond - - - - - JB 6137

S.A.—27 Rowlands Road, Hilton - - - - - 57 8974

AGENTS

Q'LD.—Mr. S. H. Stewart, "Collonach," Griffith St., Sandgate.

69-3324

TAS.—Mr. H. T. Grounds, 101 Murray St., Hobart. 3 3048, 3 3049

W.A.—Messrs. Geoff Martin & Son, 83 Brisbane St., Perth. BF 1791

# "HERMETTE"

For nearly half a century the David G. Bull Laboratory has specialised in the production of injection solutions in ampoules, under the "HERMETTE" trade mark at our former address in Collins Street.

Our move to Canterbury is now complete, and with greater facilities we are giving even better service.

In our small specialised organisation we have a personal interest in our customers' needs, and your urgent orders are handled with a minimum of delay.

Next time speed is vital, on normal stock lines, just phone or telegraph, and see for yourself.

**DAVID G. BULL LABORATORY PTY. LTD.**

19 SHIERLAW AVENUE CANTERBURY. P.O. BOX 35 PHONE 831138

## NOW ADD FISH TO BABY'S DIET... 2 NEW VARIETIES FROM HEINZ

### STRAINED CREAMED FISH

This new variety is made from potatoes, wheaten semolina, tuna, milk solids, butter, wheat starch and salt. A special vacuum process conserves natural and nutritive values to a high degree.



### JUNIOR FISH DINNER

At last! A safe, sure way of including essential fish in baby's diet. No bones to worry about — extremely rich in protein, minerals, contains Vitamin A. This tasty dinner contains tuna, potatoes, carrots, milk solids, wheaten semolina and cornflour.

## HEINZ BABY FOODS

Australia's First, Finest, Foremost Range of Baby Foods





turing industry seems to be moving to Johannesburg, although the largest wholesale and manufacturing druggists, the S.A. druggists' group, is concentrating all its manufacturing plant on the coast at Port Elizabeth. The training of personnel for industry is going to be an increasingly difficult task, since at the moment there are about six vacant teaching posts in pharmacy which it seems impossible to fill. This represents about one-third of all the pharmacy teaching posts, and it seems that South Africa falls far behind other countries in the number of pharmacy teachers in relation to the number of pharmacy students.

This is probably because the industry as a whole has taken little interest in the training of students and has rarely expressed any opinion as to the subject matter which should be taught. Since the advance of industry is bound up with the supply of technical people, it is essential that there should exist close linkage between industry and teaching.

#### Pharmaceutical Society: Annual Meeting

The Pharmaceutical Society is now busy preparing for its annual general meeting, to be held this year in Kimberley, on the diamond fields. They will then sit in review on the year past and determine what progress, if any, has been made, and discuss resolutions for the future policy of the Society. One of the subjects discussed last year was reciprocity with other countries, but little progress has been made in this field, many young pharmacists wish to travel and to work to support themselves whilst broadening their experience. It would help them a lot if they could practice pharmacy, and I see no reason why other countries should not let them work as pharmacy assistants at least. Full registration would not be necessary, but, alas! most pharmacy Acts seem not to have provided for this type of registration.

Most of the resolutions in 1959 dealt with the sore subject of sale of poisons and, it seems to me, that public opinion, parliamentary opinion and that of the medical profession is slowly but surely turning to the view that the chemist is the responsible man who should have charge of all poisons. However, in hospitals this does not seem to be the view. A letter in the current issue of the "S.A. Pharmacy Journal" points out that all stores, including poisons, prescription-only drugs, and even narcotics are purchased by unqualified staff and stored and issued by them. This is, of course, in direct contravention of the Act, but this does not seem to worry the Government departments concerned. One wonders what the repercussions would be if someone instituted a private prosecution against one of the storekeepers.

#### Pharmacy Act

The Parliamentary Session has just begun and with it the hopes are raised once again that there may be time for some amendment of the Pharmacy Act to give effect to ideas which the profession has had before them for years. Now that there is a pharmacist in the House, it may be possible to get more done, but I have always had the feeling that if pharmacists broadcast more something of their hopes and aspirations, public opinion might eventually swing Parliamentary opinion.

For years the profession has had the idea of a new Pharmacy Act to give effect to their dreams, and to sweep away the difficulties brought about by the much-amended old Medical, Dental and Pharmacy Act. But legislation during the past few years has left little time for new laws such as this, and it seems that the present session of Parliament will have no time either. Speaking as a pharmacist, it occurs to me that Parliament might sit a little longer and do a little more.

Whether the Society ever created the Parliamentary Fund, which was once spoken of, I cannot say, but legislation is rarely achieved by wishing. Much money has to be spent in propaganda, much lobbying done—even then one must expect queer results. Once a

Parliament gets its teeth into a subject like pharmacy, of which all Parliaments seem to know little, anything can happen!

#### The Cost of Medical Services and Medicines

The chief topic of conversation when pharmacists meet is the Commission of Enquiry into the cost of medical services and medicines. Since the Annual General Meeting of the Society is in the offing, one may expect a great deal of discussion there on this topic. Indeed, one branch of the Society has put down a motion that the Society views with dismay the fact that a pharmacist will not sit on the Commission.

For my own part I cannot see the necessity for any Commission. The country has a Department of Economic Affairs which has in the past investigated cost structures and could do so in this case, simply and expeditiously.

My own fear about any Commission is that it will accept the spectacular and reject the ordinary—and if this is done one may expect queer results.

Yet another branch has a motion down asking that all medicines be restricted to pharmacies, and that if this is done, the chemists would be willing to operate only on an Apothecary Licence, selling only those goods which it is usual for a chemist to sell.

This, of course, covers a lot of territory these days, and if the millenium arrived and chemists became really chemists, I can imagine a lot of argument about what is proper to be sold by chemists.

The point which seems not to occur to a lot of people is that the chemists subsidise cheap dispensing fees by selling non-pharmaceutical lines which are profitable to them.

Having spent a great deal of my professional life in a pharmacy which was a pharmacy, I have a clear idea of the costs involved, and there is little doubt that if the pharmacist had to depend solely on dispensing and the sale of medicines, there would be a very substantial increase in the dispensing fees.

However, the public have a blind spot when it comes to looking at this problem. Whilst they will quite cheerfully buy an imported article which shows the seller a 100 per cent. profit and the State a tolerable import duty, when it comes to medicines which may save life they regard the cost with a jaundiced eye!

I cannot fathom what peculiar process makes people count the bawbees when they are sick, a time when they should be devoting themselves to prayer rather than worldly matters.

#### Pharmacy Training in Universities and Technical Schools

One startling motion sent to the A.G.M. is one which states that academic training in pharmacy should be given only by Universities and that in future the only way to the Register is via the B.Sc. in Pharmacy. No explanation is offered as to why the Technical Colleges, who have for 30 years taught pharmacy, are to be discarded now. The Pharmacy Board, if I read their reports aright, have complete confidence in the Tecs and wish to preserve their right to teach pharmacy.

What the proposers of the motion overlook is that the Universities would require considerable finance before they began teaching pharmacy, and they would naturally look to pharmacy to provide it. They would, I fear, look in vain. I know that one University which put out an appeal for funds has been greatly disappointed with the results.

The problem is not even as simple as that. Every item of equipment has to be imported, even down to the staff, and whilst in the case of equipment the problem is not so bad, in the case of teachers it is impossible. The world is producing too few teachers of pharmacy; and I think the time has come when pharmacy must be numbered amongst those privileged professions whose teachers are paid higher salaries on the ground that they make a bigger sacrifice in foregoing private practice. Incidentally, one University

stantial new plants in Colombia, England, and Italy, and probably in Australia. Land and buildings have also been acquired in Pakistan, which will become the 20th country in which Abbott manufactures pharmaceuticals.

Ready for occupancy this month at North Chicago is the new nine-storey Research Centre addition. About 200,000 square feet in area, it almost doubles the physical space available for research development, and control activities.

The report lists 1959 net sales of \$122,602,000, a 5.2 per cent. increase over 1958. Net earnings rose slightly from \$12,876,000 to \$12,989,000, although earnings per share remained at \$3.32.

The report points out that \$26,720,000 has been spent in an extensive capital expenditure programme in the last three years.

The number of employees increased world-wide from 8,491 to 8,688. Almost all of the 3,500 employed overseas are nationals of the countries in which they work.

During 1959 Abbott marketed about 40 new products and drug forms to strengthen its diversified line of 600 products. Research expenditures came to \$6,900,000, representing a 20 per cent. rise from 1958. A similar increase is budgeted for 1960. "Our research is proceeding intensively in 15 broad projects covering many areas of medicine," the report reads.

For the twelfth straight year, the Chemical Marketing Division reported a substantial advance in sales, with a 29 per cent. increase in the number of customers.

#### ADVANCES IN FILM RESEARCH

Last month (p. 151) we referred to the current visit to Australia of Dr. Merle L. Dundon, a world authority on photographic emulsions and colour film products.

He has since inspected the 55-acre Kodak plant being built in the Melbourne suburb of East Coburg, and has met motion picture and television producers in capital cities of Eastern States.

Dr. Dundon, a senior executive of the Kodak organisation at Rochester, New York, has been a research scientist with the Kodak organisation since 1923, and pioneered the development of Kodachrome colour film and the Eastman Colour processes for motion pictures. In Melbourne, he predicted considerable progress in the development of high-speed film "within the foreseeable future."

Kodak films had doubled in speed in 1937, again in 1954 and advances had been made since then, Dr. Dundon said.

"We have made special film to meet the requirements of missile testing and photographing of launchings. This film is extremely fast and of high quality, considering the speed," he added.

"We are also catering for the needs of oil exploration companies. Films have been made which will stand boiling-point temperatures and are used in instrument cameras which go underground to record stages of oilwell sinking.

"Work is progressing in improvements in processing and in producing images. Graphic arts, especially lithography, and industrial photography are expanding fields, too.

"Phototype setting is developing, photosensitive resin resists are used for such things as printed circuits and there are good photographic methods for making silk screen stencils."

Dr. Dundon also discussed the Minicard system of data recording and storage which was developed for the U.S. Government.

This system employed small film "chips" each capable of recording 12 documents and with an image reduction of 60:1. A printed code of dots on the film chips enabled them to be sorted or retrieved by a machine at the rate of 1000 a minute.

"Minicard has achieved amazing results," Dr. Dundon said.

He predicted that the biggest growth in sales of ama-

teur and professional film products would be in the field of colour, basing this view on U.S. statistics for last year.

"Of total film sales in the U.S. last year," he said, "50 per cent. was in colour. Between January and October, 166 motion pictures were started, more than 40 per cent. of them in colour.

"However, black and white film will always be the ideal medium for certain types of dramatic stories."

Dr. Dundon said he felt it would be many years before Australia could afford colour television.

"Colour TV receivers in the U.S. cost three times as much as the normal sets, and their maintenance calls for special skills.

"There are some colour telecasts and a few thousand receivers have been sold, but there is no mass market for them," he added.

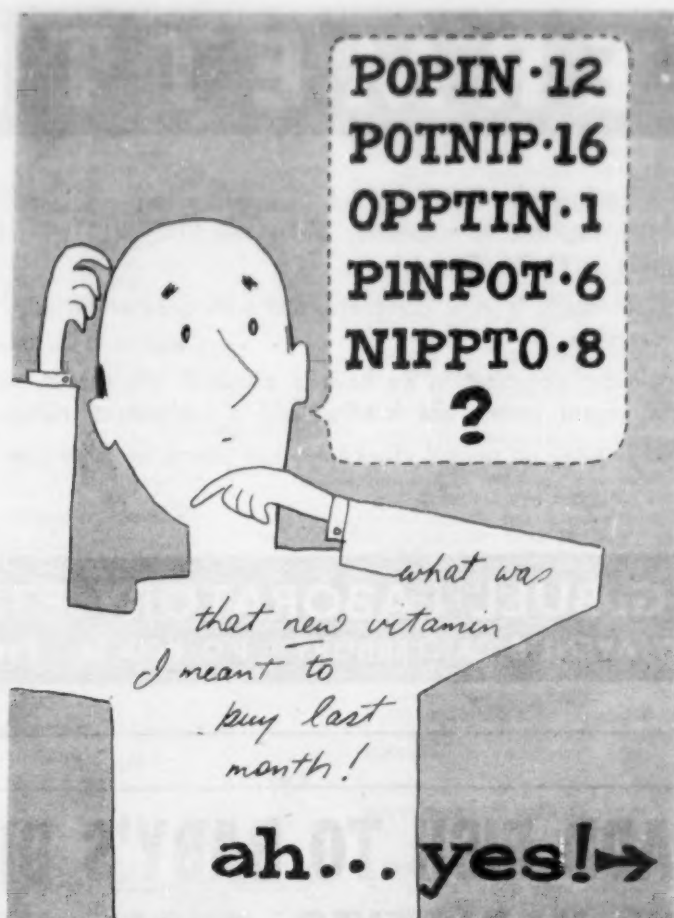
During his stay in Melbourne, Dr. Dundon spent considerable time with technical experts at the new Kodak factory, who are planning expansion of the range of colour films produced in Australia.

"As a scientist, I am extremely proud of the manner in which Kodak in Australia has combined the results of our American research with its own work to produce photographic products equal in quality to the best in the world," he said.

#### P.A.T.A. OF N.S.W.

Notified 8/3/60—

Chemists' Section: Additions			
Commonwealth & Dominion Agencies Pty. Ltd.			
Size	Retail		Wholesale
7 oz.	6/-	Fortagen	48/- doz.
14 oz.	9/6	Fortagen	76/- doz.
42 oz.	25/-	Fortagen	214/- doz.
H. F. Harvey Pty. Ltd.			
100s	20/-	Estrasal	30/- ea.
25s	7/6	Salaphen	60/- doz.
100s	25/-	Salaphen	16/8 ea.
Martin & Co. (Surgical) Ltd.			
Box of 12	1/4	Handyplast Antiseptic	
		First-aid Strips—w'proof	10/8 doz.
Box of 30	3/3	Handyplast Antiseptic	
		First-aid Strips—w'proof	25/- doz.
Box of 100	8/9	Handyplast Antiseptic	
		First-aid Strips—w'proof	70/- doz.
Box of 12	1/8	Handyplast Antiseptic	
		First-aid Strips—plastic	13/4 doz.
Box of 30	3/11	Handyplast Antiseptic	
		First-aid Strips—plastic	30/- doz.
Box of 100	1/9	Handyplast Antiseptic	
		First-aid Strips—plastic	86/- doz.
Box of 12	1/6	Handyplast Antiseptic	
		First-aid Strips—elastic	12/- doz.
Box of 30	3/6	Handyplast Antiseptic	
		First-aid Strips—elastic	28/- doz.
Chemists' Section: Alterations			
James Hare & Co. Pty. Ltd.			
1/6		Tru-flo Modern Nurse	
		Teats	11/- doz.
H. F. Harvey Pty. Ltd.			
4 oz.	3/-	Digestase	24/- doz.
100s	8/-	Ferri Vita	64/- doz.
General Section: Additions			
Marigny (Australasia) Pty. Ltd.			
Tube	9/11	Marigny Fair and Cooler	63/- doz.
Tube	7/3	Marigny Trill	45/- doz.
Raymond Mullis Pty. Ltd.			
7/6		Nytol	60/- doz.
General Section: Alterations			
H. F. Harvey Pty. Ltd.			
4/6		Easol Liniment	36/- doz.
1000s	15/-	Vio-drip Tablets	120/- doz.
Hillcastle Pty. Ltd.			
7/6		Hair Magic	48/- doz.
9/6		Inecto—"Rapid," Ordin-	
		ary, "Four in One"	62/10 doz.
11/6		Inecto Colour Creme	73/7 doz.



# TOPPIN 22

VITAMIN and MINERAL TABLETS

*The Only Ones With Lecithin*

**Fine formula — Magnificent package — Really worthwhile bonuses**

<b>WHOLESALE . . . 12/-</b>	Up to 5 only — — — — 12/- ea.	6 doz. lots maximum,
	½ doz. invoiced 5/12 doz.	Bonuses and Discount 5%
	1 doz. invoiced 9/12 doz.	12 doz. lots maximum
	3 doz. invoiced 2 doz.	Bonuses and Discount 10%
<b>RETAIL . . . . 18/-</b>		

## R.D. TOPPIN & SONS PTY. LTD.

N.S.W.—45-51 Crystal St., Petersham - LM 2023, LM 4870

VIC.—245 Swan St., Richmond . . . . . JB 6137

S.A.—27 Rowlands Road, Hilton . . . . . 57 8974

### AGENTS

Q'LD.—Mr. S. H. Stewart, "Collonach," Griffith St., Sandgate.

67-2324

TAS.—Mr. H. T. Grounds, 101 Murray St., Hobart. 3 3040, 3 3049

W.A.—Messrs. Geoff Martin & Son, 83 Brisbane St., Perth, BF 1791



# "HERMETTE"

For nearly half a century the David G. Bull Laboratory has specialised in the production of injection solutions in ampoules, under the "HERMETTE" trade mark at our former address in Collins Street.

Our move to Canterbury is now complete, and with greater facilities we are giving even better service.

In our small specialised organisation we have a personal interest in our customers' needs, and your urgent orders are handled with a minimum of delay.

Next time speed is vital, on normal stock lines, just phone or telegraph, and see for yourself.

**DAVID G. BULL LABORATORY PTY. LTD.**

19 SHIERLAW AVENUE CANTERBURY. P.O. BOX 35 PHONE 831138

## NOW ADD FISH TO BABY'S DIET... 2 NEW VARIETIES FROM HEINZ

### STRAINED CREAMED FISH

This new variety is made from potatoes, wheaten semolina, tuna, milk solids, butter, wheat starch and salt. A special vacuum process conserves natural and nutritive values to a high degree.



### JUNIOR FISH DINNER

At last! A safe, sure way of including essential fish in baby's diet. No bones to worry about — extremely rich in protein, minerals, contains Vitamin A. This tasty dinner contains tuna, potatoes, carrots, milk solids, wheaten semolina and cornflour.

## HEINZ BABY FOODS

Australia's First, Finest, Foremost Range of Baby Foods



Notified 25/3/60—

#### Additions—Chemists' Section

Size	Retail		Wholesale
		J. L. Brown & Co.	
	12/6	Brophy Prophylactic Hand Cream	100/- doz.
	5/-	Gum-Eze	40/- doz.
8s	2/3	Sanolen Asthma Tablets	18/- doz.
25s	5/6	Sanolen Asthma Tablets	44/- doz.
100s	17/6	Sanolen Asthma Tablets	140/- doz.
		Smith Kline & French Laboratories (Aust.) Ltd.	
20s	114/-	Altatur Tablets, 250 mg.	912/- doz.
200s	D.P.	Altatur Tablets, 250 mg.	722/- each
12s	D.P.	Stelazine Ampoules	27/- doz.

#### Alterations—General Section

		D.H.A. (Victoria) Pty. Ltd.	
	3/6	Cavendish Salts	28/- doz.
		F. H. Faulding & Co. Ltd.	
	4/11	Digestone	39/- doz.
No. 1	2/9	Magnoplasm, 2 oz.	22/6 doz.
No. 2	5/-	Magnoplasm, 5½ oz.	40/- doz.

#### Alterations—Chemists' Section

		B.M.I. Tonic Wine	
Pints	4/8	B.M.I. Tonic Wine (as from 4th April, 1960)	40/- doz.
Quarts	8/-	B.M.I. Tonic Wine	70/- doz.
		D.H.A. (Victoria) Pty. Ltd.	
	5 oz.	Plastine	28/- doz.
	11 oz.	Plastine	54/- doz.
	18 oz.	Plastine	78/- doz.
	36 oz.	Plastine	126/- doz.

#### Correction

		H. F. Harvey Pty. Ltd.	
100s.	30/-	Estrasal	20/- each

## Student Activities

### THE N.A.P.S.A. SURVEY

This year the Council members at Goolwa passed a motion that N.A.P.S.A. would again send out a Survey form to every pharmacy student in Australia, for the compilation of materials thought relevant to the well-being of apprentices. By this means certain statistics can be correlated, and the results of this Survey will be used to show senior pharmaceutical bodies the deficiencies believed to exist with regard to certain aspects of the apprenticeship scheme.

It is only natural that certain awards in each State require certain demands on both master pharmacist and apprentice. These demands are considered to be very fair, but if they are disregarded it could cause certain ill feeling. This briefly is the reason for a survey.

The results of the last Survey provided N.A.P.S.A. with valuable information, but unfortunately it was only answered by 50 per cent. of the students. It is desirable to run any statistical survey on a 100 per cent. basis so that a true unexaggerated reading is given. The P.A.A. Congress in South Australia last year heard the results of the Survey, and a whole session was devoted to Pharmacy Education. This

senior body and the Guild will both receive copies of the final percentages to the questions asked in the Survey.

This Survey is termed an "Historic Survey." This again is another reason for the wholehearted support of the project. University and full time courses are, or will be in the very near future, in to stay. However, a period of practical experience is still required before registration. This means that the results of this Survey will assist in the determination of conditions to the post-graduate of the new course.

All completed forms are confidential and will be treated as such until destruction or perhaps a contentious point arises where the validity of a statistical percentage is required. No student will be affected by this disclosure. It is of great importance that every student sacrifice five minutes of his or her time to fill out the form and provide the Association with a basis to improve discrepancies which will no doubt arise.

Each constituent organisation will receive forms to be distributed both to city and country students at the end of March. The period of completion will be until May 1. The compiled results will be sent to each State before being presented to the Hobart Congress of N.A.P.S.A. next January. Here the necessary moves will be taken to gain a hearing of the material to the relevant Associations or Societies. Any queries can be addressed to—

Kevin Power,  
Industrial and Educational Vice-President,  
54 Cliveden Street, North Perth, W.A.

Thank you very much for your help. It will have a bearing on the future students as well as the conditions of yourself. N.A.P.S.A. is grateful of your anticipated support.—Kevin Power.

### NATIONAL ASSOCIATION OF PHARMACEUTICAL STUDENTS OF AUSTRALIA

Once more the problem of an amalgamation with the National Union of Australian University Students (N.U.A.U.S.) raises its head. Those of you who attended congress or who have read carefully the minutes thereof will remember the motion passed that N.A.P.S.A. investigate the changes required in the N.U.A.U.S. constitution to enable N.A.P.S.A. to amalgamate with them. N.U.A.U.S. have altered their constitution on their own initiative to allow what is termed an "autonomous amalgamation." When the revised constitution is published all State Constituent Organisations will be forwarded a copy for perusal. No move will be made to amalgamate before next conference, but all aspects of the merger must be known and discussed before then.

A letter has been received from the South African Pharmaceutical Students' Federation asking if there is any student wishing to correspond directly with any of their students. If some of you have such a desire, please forward your name and address to

Trevor Cichero,  
22 McCaul Street,  
Taringa East, Queensland,

as soon as possible.

The International Pharmaceutical Students' Federation is holding its Study Tour for 1960 in Stockholm, Sweden, from August 11 to 20. Due to circumstances over which I have no control I will be unable to attend this conference as planned. However, if there is any past member or interested person who is likely to be in that vicinity about August and would represent N.A.P.S.A. there, please let me know. Applications

must be forthcoming immediately. The programme may be summed up as follows:

- 11th: Arrival and settling into camp.
- 12th: Meeting of I.P.S.F. Executive and sightseeing tour of Stockholm by bus.
- 13th: Meeting of Executive, official opening, tour by boat, welcoming dinner.
- 14th: Visits to pharmacies and colleges, film show.
- 15th: All day trip to old University city Uppsala.
- 16th: Council meeting, Symposium at night.
- 17th: Free boat trip around archipelago of Stockholm, with dancing in the evening.
- 18th: Tour of neighbouring countryside.
- 19th: Excursion of Swedish pharmaceutical laboratory, farewell dinner.
- 20th: Departure.

With the passing of the Annual General Meetings of most of the Constituent Organisations the year's toll will begin. The sooner the Motions passed at Goolwa are ratified the sooner we can push on with our business. So let the Secretary know of your decisions at once.

—Trevor Cichero, National Publicity Officer, 22 McCaul Street, Taringa East, Queensland.

#### ADELAIDE UNIVERSITY PHARMACEUTICAL STUDENTS' ASSOCIATION

Memories of Congress were revived at a reunion at Mick Johnston's home on February 22. Slides of Congress happenings were shown and these caused some amusement. Kevin Hassey, President of N.A.P.S.A., who has been working in South Australia, was present.

No official pharmacy functions have been held yet, as the University has not started. The Freshers' Welcome was held on March 14, when Parke-Davis showed two films. Over supper the Freshers had a chance to meet members of the Committee. On March 14 the Annual General Meeting of A.U.P.S.A. was held.

Once the A.G.M. is over, the new Committee will be able to begin plans for the year, so by next issue there should be more news.

#### SYDNEY UNIVERSITY PHARMACEUTICAL ASSOCIATION

The Annual General Meeting of S.U.P.A. was held on March 11 in the Pharmacy Department at the Sydney University. We were honoured to have present at the meeting Professor S. E. Wright, the Professor of Pharmacy.

The S.U.P.A. Annual Report was presented and the reports of the two Congress Delegates were read.

The following office-bearers for 1960 were then elected:—

**President:** Mr. Warwick Landers.

**Vice-Presidents:** Mr. Maurie Lazarus, Mr. Graham Steele.

**Honorary Secretary:** Mr. Don Burrows.

**Second Year Representatives:** Miss Wendy Robinson, Miss Julie Bolton, Mr. Warren Campbell.

**First Year Representatives (Old Course):** Miss Bernice Cameron, Mr. Mountain, Mr. Bradbury.

**First Year Representatives (New Course):** Miss Coxon, Miss Long, Mr. Ping-Kee.

After the meeting slides taken at the N.A.P.S.A. Congress in Adelaide were shown. Supper was then served in the new Pharmacy Common Room. We were then shown some more films—two cartoons and two comedies, these proving most enjoyable.

The year 1960 sees the beginning of a new era in pharmaceutical education in N.S.W. with the com-

mencement of the three year Full Time Pharmacy Degree Course at Sydney University.

This year the S.U.P.A. Ball will be held in May and the tentative date is May 13. Another date to remember is April 25, when the pharmacy students' annual picnic takes place.

S.U.P.A. has many functions planned for the forthcoming year, and it is hoped that 1960 will be most successful both socially and financially.

#### PHARMACY STUDENTS' ASSOCIATION OF OTAGO (NEW ZEALAND)

##### President's Report, 1959

The most important event of the year was the acquiring of club rooms, in conjunction with the Architectural Students, which, through working-bees, were painted and papered. Thanks to all those who helped, and also the young lady who provided refreshments for the workers. Our committee combined with that of the Architectural Students to run the rooms and we have opened a joint bank account. Several pieces of furniture were donated for our club rooms, also a typewriter, and we purchased a piano, chairs and curtains.

This large expenditure, plus our substantial rent, was made possible through some very generous donations from several master chemists and drug companies, and on behalf of my committee, I would like to say to them once again a very sincere thank you. The new committee's main job for this year will be to open the club rooms at lunch-time and at nights for swotting, etc.

There was a good attendance at the opening of the rooms when Mr. Keith Laidlaw, the Glaxo representative, gave a talk on Glaxo's Cortisone products. This was preceded by some films very kindly screened by Mr. B. W. Clifford. Supper was served afterwards, a popular innovation which has now become a regular item on our programmes.

Our next lecture was to be on Barbiturates but, unfortunately, the Doctor was called away at the last moment to an urgent operation.

A very large attendance was present at our final lecture, when Mr. Martin Wallace gave us a very interesting and entertaining talk on Antihistamines.

I think the time has now come when this Association can consider holding lectures more often and still maintain the good attendances shown over the last two years. It is quite encouraging when one realises that we have only about 25 members, and yet our attendances are usually over 20.

Socially, the events of the year were the trips to and from Christchurch at the invitations of the two Associations, and here again I think that this year our Associations could consider inviting all the C.P.S.A. members, not just the committee, and perhaps at the same time invitations could be extended to Invercargill and Balclutha.

Other activities included a tour of the Physiotherapy School, a tour of the Medical School (in conjunction with C.P.S.A. visit), a profitable raffle (run with the Architectural Students), two dances, a social evening and dance in our club rooms, a skating trip to the Manaburn Dam, a barbecue at Warrington Beach, which, in the end, was held in miserably cold weather at Outram Glen. Also an invitation was received and accepted from Parke-Davis to an evening held in the Savoy, and finally the N.A.P.S.N.Z. trial Practical and Oral C Examinations were held here for the first time.

To close, I would like to thank the committee for the wonderful help they have given me in the last year, and hope that you have all enjoyed the Association's activities—J. Grant Humphry, President, O.P.S.A., 1959.



# 15% OF CHEMISTS TAKE 85% OF RECORD 'AKTA-VITE' PROFIT



## Only one chemist in 6 is getting his full 'AKTA-VITE' potential

'AKTA-VITE' business is lucrative and growing fast. Already it is one of the four biggest sellers in pharmacy. Yet sales figures reveal the startling fact that 15% of chemists throughout Australia are doing a huge 85% of this total 'AKTA-VITE' business.

### HOW DO THESE 15% GET IT?

In a word, they merchandise — make good use of our display material, employ our samples and leaflets to advantage. They have the attitude that

every customer is a potential 'AKTA-VITE' buyer and they know the value of recommendation.

### Our merchandising men are available to help

If you feel you need more assistance in promotion of 'AKTA-VITE' just ring for one of our trained merchandisers to call. Some one is getting a big share of this "plum" line. Why shouldn't it be you?

### NICHOLAS PROPRIETARY LIMITED

699 Warrigal Road, Chadstone, SE10, Victoria.

SYDNEY • BRISBANE • ADELAIDE • PERTH • HOBART

cen/ym



for Gastro-enteritis and Dysentery

# KAOGEL

..... absorbs bacterial toxins

Effective in the symptomatic treatment of Enteritis, Colitis, Dysentery, and Diarrhoea.

Kaogel relieves irritation of the mucous membrane and increases the bulk of the faeces.

Each fluid ounce contains: Colloidal Kaolin ..... 87 grains.  
Pectin ..... 4.3 grains.

Compatible with Sulpha drugs and Tinct. Opii.

Available in 6-oz. bottles.



Prepared by the Pharmaceutical Division of

## F. H. FAULDING & CO., LIMITED

ADELAIDE. PERTH. SYDNEY. MELBOURNE. BRISBANE.

# Commonwealth and State News

## QUEENSLAND

### PERSONAL and GENERAL

#### State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in Queensland, Miss D. Brighthouse, 'phone B 6407.

**David's Pharmacy**, at the corner of Adelaide and Edward Streets, Brisbane, has been sold to **Mr. D. Le Cornu**.

**Miss Ruth Volker** will be doing relieving work in New Zealand for some months.

**Engagement:** Congratulations to **Mr. Terry White**, of Woody Point, who has announced his engagement to **Miss Rhonda Conn**, of Albion.

**Marriage:** On February 27, at St. Gabriel's Church of England, Biloela, the marriage took place of **Miss Joan Condie**, Hivesville, to **Mr. Clem Meissner, Ph.C.**, of Thangool.

The President of the Pharmaceutical Society of Queensland, **Mr. G. R. Wells**, and **Mrs. Wells** were official guests of the Brisbane City Council at the granting of the Freedom of the City of Brisbane to the Moreton Regiment, 9th Battalion. As a matter of interest, the Battalion is one hundred years old.

### CHEMISTS' GOLF CLUB

The Queensland Chemists had their opening day at Virginia Golf Links on February 28. Under perfect conditions a very large field entered the competitions. The winners were:—

"A" Grade, **P. Heywood**.

"B" Grade, **J. Aitchison**.

"C" Grade, **M. Fox**.

Four Ball, **B. O'Connell-K. Campbell**.

Nearest the Pin, **L. Hood**.

Associates, **V. Pidgeon**.

The Australian Chemists' Golf Carnival will commence in Brisbane on Sunday, April 3, and will conclude with a dinner on Friday evening, April 8.

### INTERMEDIATE EXAMINATION RESULTS

During the month the Pharmacy Board announced the results of its February examination. Of those who sat, 22 were successful, 15 posts were granted and 23 failed. Congratulations are extended to the following, who were successful at the examination:

Misses **M. M. Dance**, **M. E. Ellis**, **M. F. Hayes**, **P. M. Hickey**, **M. L. Hosken**, **J. H. Knott**, **B. J. A. Marks**, Messrs. **C. J. Boyle**, **N. T. Bray**, **B. L. Carlisle**, **C. J. Daley**, **M. J. Fraser**, **H. M. Huppert**, **P. E. McCarthy**, **C. M. Nearhos**, **L. R. Papi**, **J. C. Peterson**, **T. J. Peters**, **R. L. Stanley**, **M. S. Tilbury**, **W. J. Tracey**, **J. H. West**.

Posts were granted to: Misses **B. A. W. Taylor**, **G. M. Carter**, **R. M. Conn**, **L. W. Oliver**, **B. B. Skerman**. Messrs. **F. O. Francis**, **P. A. Coffey**, **J. C. Connors**, **P. J. Evert**, **J. Jacovos**, **R. L. James**, **R. G. Malouf**, **D. A. Provera**, **J. N. Sassie**, **J. A. W. Shay**.

### LEAVING FOR OVERSEAS

Quite a number of Queensland pharmacists will be embarking on the "Fairsky" for England when the ship sails from Brisbane on Easter Saturday. **Miss Margaret Summersgill** is among the passengers, and a trio of Queensland pharmacists also boarding the ship include Messrs. **Terry White**, **Ted Doyle** and **Paul Heenan**.

Another pharmacist who has already left on an adventurous trip is **Miss Norah Roberts**. **Miss Roberts** left in the "Strathmore" from Melbourne on March 3. At Bombay she and 29 other passengers will board a bus. The trip will be via Delhi, Lahore, Quetta, Teheran, Trabazon, Ankara, across the Bosphorous by ferry to Istanbul, behind the Iron Curtain to Sofia and Belgrade, then on to Vienna, Munich, Strasbourg and Paris. It covers 9,000 miles and will take seven weeks. This is **Miss Roberts'** second trip abroad. She sailed originally to England in 1954, where she stayed until 1956, and then flew home via America. This time **Miss Roberts** is planning to spend only six weeks in England and come home by ship round the Cape of Good Hope.

### PRESENTATION OF PRIZES

The presentation of prizes to pharmaceutical students who won awards at the Pharmacy Board's examinations during 1959 took place at the Pharmaceutical Society's rooms, Drysdale Chambers, Brisbane, on March 15.

The guest speaker on this occasion was **Professor T. G. H. Jones**, Professor of Chemistry and Acting Dean of the Faculty of Science, University of Queensland.

The guests were received by the President of the Society, **Mr. G. R. Wells**, and **Mrs. Wells**, and included **Mrs. T. G. H. Jones**, **Mr. J. R. Ellis** (Kodak Company) and **Mrs. Ellis**, **Mr. E. Michael** (D.H.A.) and **Mrs. Michael**, **Mr. C. A. Nichol**, President, Pharmaceutical Guild; **Mr. E. O'Keefe** (Glaxo Company), **Mr. and Mrs. W. Harris**, **Mr. C. H. Williams** and the President of the Pharmaceutical Students' Society.

Apologies were received from **Mr. B. Hall** (D.H.A.) and **Mrs. Hall**, **Mr. S. B. Watkins** (President, Pharmacy Board, Queensland), and **Mrs. Watkins**, **Mr. A. Clelland** (Kodak Company) and **Mrs. Clelland**, **Mr. M. Randall** (Parke-Davis Company) and **Mrs. Randall**, **Miss H. Reuther**, President, Association of Women Pharmaceutical Chemists of Queensland, and **Miss M. Blanchard**.

**Mr. Wells** extended a special welcome to **Professor Jones** and **Mrs. Jones**, also to the parents and friends of the prize winners and to all present, who made a representative gathering for the annual presentation of prizes.

The subject of **Professor Jones'** address was "The University and Pharmaceutical Training." This proved most interesting as 1960 sees the introduction of the Bachelor of Pharmacy course within the University of Queensland.

At the conclusion of **Professor Jones'** address, **Mr. R. S. F. Greig**, a former President of the Society, and a member of the Council, conveyed to **Professor Jones** the sincere thanks and appreciation of the Council for the inspiring address he had presented and for kindly giving up an evening to be present at this function.

After the presentation of prizes a pleasant evening concluded with the serving of supper.



## QUEENSLAND—Continued

### REPORT OF THE QUEENSLAND GOVERNMENT CHEMICAL LABORATORY

The report of the Queensland Government Chemical Laboratory deals with a variety of activities including supervision of the manufacture and distribution of foods, drugs and waters; toxicology, biochemistry, industrial hygiene and air pollution; mining, mineralogy and metallurgy; explosives, etc.

The Director and Chief Inspector is Mr. S. B. Watkins, M.Sc., F.R.A.C.I., who also holds the position of President of the Pharmacy Board of Queensland. During the year the designation of the Government Analyst and Chief Inspector of Explosives was changed to Director of the Government Chemical Laboratory and Chief Inspector of Explosives.

Samples of foods, drugs and waters numbering 8087 were examined. This number included 201 samples of drugs and medicines. Drugs were checked for purity against official standards, and the composition and claims of new proprietary lines were examined. Medicines were checked for accuracy in dispensing and complaint samples from the public were investigated.

Most headache powders and tablets examined conformed with requirements. One brand, however, showed a variation in weight of individual powders that was excessive; in another the declared composition was not accurate enough; in a third the composition was not declared in the label as required. The following details are given in regard to examination of dispensed medicines:—

A potassium bromide and chloral mixture was correctly dispensed at five pharmacies and was 5 per cent. low in bromide content at a sixth.

With a 5 per cent. salicylic acid ointment four pharmacies were reasonably correct, while two showed a 14 per cent. deficiency in salicylic acid content.

Satisfactory results were obtained from six pharmacies with an alkalisng mixture of equal parts of sodium bicarbonate, bismuth carbonate, calcium carbonate and magnesium carbonate. In no case was the dispensing error of any of the ingredients greater than 5 per cent.

Ampoules of morphine sulphate and of pethidine hydrochloric and tablets of morphine sulphate were examined in connection with two cases of suspected malpractice in dealing with drugs.

Deteriorating dangerous drugs from certain pharmacies were checked for identification and quantity and then destroyed. The following extract is of topical interest:

#### "Poisoning Risk in the Home.

Poisoning of young children in the home by consumption of toxic household preparations "is all too common, and there has recently been an increased number of urgent inquiries from doctors concerning the composition of the preparations involved. More often than not, the desired information is readily available, but at times there is a loss of valuable time in obtaining it.

"Consideration must soon be given to the compulsory declaration in the label of any preparation intended for home use, not only of scheduled poisons, but also of all potent ingredients likely to have an ill effect on a child, if swallowed."

### PHARMACEUTICAL SOCIETY

#### Council Meeting

The Council of the Pharmaceutical Society of Queensland met at Drysdale Chambers, 4 Wickham Street, Brisbane, on March 11.

**Attendance.**—Mr. G. R. Wells (President), Misses E. F. Chalmers, G. Elliot, Messrs. C. Caswell, R. V. S. Martin,

A. B. Gainford, R. S. Greig, A. M. Grant-Taylor, J. E. McCaskie, I. M. Young and the Secretary.

**Prize Presentation Function.**—The Secretary reported that Professor T. G. H. Jones had accepted the invitation to be guest speaker and present the prizes at the prize presentation function on March 15.

**Correspondence.**—To Pharmaceutical Society of Victoria, advising that the President, Mr. Wells, will be pleased to represent this Society at the opening of the new Victorian War Memorial College on March 29.

To Mr. N. C. Cossar, conveying to him the sympathy of the President and Council of the Society on the death of his father.

To Mr. N. C. Cossar, Chairman of the "A.J.P." suggesting as regards the "P.P. Guide" that possibly consideration could be given to a cross reference—where the Proprietary name is mentioned, the Pharmaceutical name should also be listed.

To a member with regard to students studying the Bachelor of Pharmacy Course at the University becoming Associate Members of the Society. Advising it will be necessary to make an alteration to the Constitution and Rules of the Society to permit students studying at the University to be admitted to Associate Membership of the Society.

To Mr. K. G. Attiwill, expressing the Council's appreciation of the assistance he has rendered during the years he held the position of Federal Director, Pharmaceutical Public Relations Secretariat, and conveying best wishes.

From Mrs. Spiers, acknowledging the message of condolence on the death of Mr. Spiers.

From Mrs. J. Howes, enquiring if it would be possible for the Society again to support the Queensland Secondary Schools Science Contest by granting a prize with the Pharmaceutical Guild. Mr. Wells said last year both the Society and the Guild contributed five guineas each. Last year Mrs. Wells and he attended the presentation of prizes. He thought it was a very good idea for the Society and the Guild to support this project. The student who won the prize last year proposed to do the Bachelor of Pharmacy course.

**New Members Elected.**—Full Members: Mrs. S. M. Flynn, Everton Park; Mr. G. I. Fletcher, Annerley; Mrs. A. E. Morris, Wilston Heights; Mr. K. J. Nash, Albion; Miss I. B. Jones, Ashgrove. Associates: Messrs. P. L. Pavia, D. C. Lawie and T. J. Quirk.

**Pharmacy Board.**—Mr. Martin reported on matters which had recently engaged the attention of the Board.

**Function For Final Year Students.**—Miss Elliot said she had noticed when reading the latest copy of the Journal that one of the Southern Pharmaceutical Societies was giving a dinner to the students who had recently passed their final examination. She wondered if a similar function could be introduced in this State.

Mr. Greig said there was some merit in the suggestion. However, the fact must not be overlooked that once the students had finished their examination they usually left for home and it was some weeks before the examination results were made known. He said the Southern State did not have the problem of distances to face such as Queensland.

Mr. Young said several months elapsed after the results were announced before the prizes were presented.

Mr. Greig said this suggestion would be easier to implement when graduates emerged from the degree course at the University. Such students would be obtaining their degree at the same time. He thought it was a suggestion not to be lost sight of, and to be kept in mind when the Bachelors of Pharmacy qualified.

The meeting closed at 10 p.m.



19 mg. and 37/5 mg.  
seamless capsules.



3, 5 and 6 minim  
seamless capsules



5 minim oval opaque  
or translucent reciprocating  
die capsules



8 and 16 minim oblong opaque  
reciprocating die capsules



Tube capsules with applicator  
nozzles in range of sizes.

★ HUMAN AND  
VETERINARY  
MEDICINES

★ FOOD FLAVOURS

★ TOILET AND  
PERFUMERY PRODUCTS

★ CIGARETTE  
LIGHTER FLUID

★ ETHER DIESEL ENGINE  
STARTING CAPSULES

★ BASIC PAINT COLOURS

★ HOUSEHOLD OILS

★ SUNTAN OILS

★ 1001 OTHER PRODUCTS

## FLEXIBLE GELATIN CAPSULES *by Andrex*

offer you an elegant, hermetically sealed, accurately measured "single dosage" presentation of your product in any colour choice.

Capsules by Andrex range from 1 mg. size to 20 c.c. capacity and in round, seamless, oval and cylindrical shapes to tubes with applicator nozzles.

### NEW PROCESS

Andrex will shortly commence production with the most modern Reciprocating Die Process enabling the encapsulation of heavy pastes such as vitamin/mineral formulae.

Remember, Andrex does not produce or sell its own proprietary products. It operates as a service industry only. If you have a product which can be marketed better in capsules, ask us for full details of our processes and prices. Customers formulae are treated strictly confidentially.

# Andrex

PTY. LTD.

Melbourne — 131 Peath Road, Hughesdale  
Phone: 569-0731/3

Sydney — 35 Pitt Street. Phone: BU 2130

HERMETICALLY SEALED • ACCURATE MEASURE • ELEGANT PRESENTATION

**THIS WINTER THE "BY-WORD" FOR  
COLDS AND FLU WILL BE**

**BY-NOID**

**HIGHEST STRENGTH CITRUS BIO-FLAVONOID COLD TABLETS**

**MONSTER ADVERTISING CAMPAIGN PLANNED**

Now is the time to stock up, display, and tie in with the biggest advertising campaign yet planned in the history of this outstandingly successful Citrus Bio-flavonoid Cold Tablet. It's aimed to keep BY-NOIDS the fastest selling cold tablet in your Pharmacy. Attractive material will be available for window display; leaflets for counters . . . everything you need to get big, money-making results.

Look for constant and frequent press advertisements . . . hear Radio Breakfast spot announcements . . . all directing customers to your pharmacy for Australia's fastest selling citrus bio-flavonoid cold tablet.

**STOCK! DISPLAY! SELL!**

**Australia's highest strength and fastest  
selling Bio-flavonoid Cold Tablets.**

**BY-NOID**

**Sole Manufacturers: R. M. CREIGHTON PTY. LTD. 68a Caledonia St., Paddington, N.S.W.**



## QUEENSLAND—Continued

### THE GUILD

### S.B.C. Meeting

The State Branch Committee of the Queensland Branch of the Guild met at Drysdale Chambers, 4 Wickham Street, Brisbane, on March 3, at 7.45 p.m.

**Attendance.**—Mr. C. A. Nichol (President), Messrs. A. Bell, A. W. Eberhardt, W. E. Martin, F. H. Phillips, A. B. Chater, R. M. Ward, H. Darrouzet, W. A. Lenehan, A. M. McFarlane, J. J. Delahunty, M. Armstrong, and the Secretary.

**New Members Elected.**—Surfers Day and Night Pharmacy, Surfers Paradise; Mr. R. J. Andrews, Brisbane; Mrs. S. M. Flynn, Lutwyche; Mr. K. J. Nash, Albion.

**Branch Recordings.**—Mr. J. S. Gardner, Ingham; Mr. C. W. David, Fortitude Valley; Messrs. Powell & Stewart, Kenmore.

**Correspondence.**—To Federal Secretary (1) Advising the Queensland State Branch Committee unanimously endorses the revised provision as submitted by Mr. L. J. Thompson respecting adjustment of dispensing fees under the National Health Act.

(2) Advising the Queensland Federal Delegate has studied the suggested amendments to the Guild Constitution and Rules respecting voting by delegates at Federal Council Meetings. He has submitted the proposals to the State Branch Committee and now advises that they are quite satisfactory to this State.

(3) Advising the Committee has perused correspondence which has passed between the Guild Federal President and the Director-General of Health, Canberra, respecting copy of notice issued to members by the F.S. Medical Association of South Australia. Notifying that this Branch wholeheartedly supports the approach the Federal President has made.

To Pharmaceutical Society of Victoria, advising that Mr. C. A. Nichol, State President, will represent this Branch at the opening of the new Victorian War Memorial College of Pharmacy on March 29.

To Queensland Retail Traders' Association, regarding the stabilising of Christmas and New Year holidays. Advising on hearing the proposals, members of the Committee felt that they were very sound and rational and well worth while supporting. Under the circumstances the Guild supports the proposals.

To Mr. N. C. Cossar, Chairman of the "A.J.P.," forwarding for information suggestions submitted by Mr. P. Costiff concerning the "P.P. Guide."

From Advertising Manager, Parke, Davis & Company, advising this company will be undertaking a special promotion on Vitamins during May. Trusting that Queensland Guild members will give the project their usual wholehearted support of the May Vitamin Drive. —Mr. Delahunty said it had been planned to have the Vitamin advertising in Queensland during April. He thought it was wise to let it stand, because with the Parke, Davis Vitamin Drive coming in May, it should be a boost for that Drive.

From "A.J.P.," replying to the suggestion that successive supplements should be included in one supplement to the "P.P. Guide." Stating this suggestion would not be practicable for adoption because of the high cost involved. Pointing out that it should be stressed the first section of any supplement to look at would be the cumulative index, because it pin-points all references in the supplements.

From Mr. F. V. Kunze, Secretary, Ipswich-West Moreton Zone, requesting that the State Branch Committee take up with the Medical Benefits Fund the

question of commission they are paying for transfer from previous scales and/or Tables to Table J.

Mr. McFarlane said he felt the Ipswich Zone suggestion had quite a deal of merit in it, and he moved that action be taken along the lines suggested. Seconded by Mr. Lenehan. Carried.

From Mrs. J. Howes, Contest Chairman, Queensland Secondary Science Contest, appealing once more for support by way of a prize for this year's contest. Appreciating the bursary which was provided last year by the Society and Guild, and trusting it will be possible for a similar one to be granted for 1960. (P.S.: Last year the Society and Guild both contributed £5/5/-). —Mr. Martin moved, Mr. Chater seconded, that the Guild contribute £5/5/- towards the prize. Carried.

From Victorian State Secretary, forwarding copies of correspondence which had passed between the local Guild and Ruskin Publishing Pty. Ltd. concerning a publication sponsored by Sigma Company Ltd. Noted.

From Mr. L. A. Suggars, General Manager, Queensland Chamber of Manufactures, regarding a proposal to submit to the State Minister for Health for the establishment of a Poisons Advisory Committee. Pointing out that the Guild in N.S.W. is represented on the Poisons Advisory Committee in that State, and they are most anxious that the bodies they suggest represented on the proposed Poisons Advisory Committee should be present when they discuss the matter with the Minister. —Mr. Nichol said that Mr. Suggars had telephoned him concerning this matter. A similar letter had been written to the Society, and no doubt the matter would be discussed by the Liaison Committee. Mr. Nichol said he was favourably disposed towards the suggestion from the Queensland Chamber of Manufactures. After other speakers had indicated their support, Mr. Chater moved that every endeavour be made to have a representative on such a Poisons Advisory Committee. Seconded by Mr. McFarlane. Carried.

From the Drug and Allied Trades Council of Australia, forwarding copies of correspondence through the Brisbane Chamber of Commerce respecting packing and labelling requirements.

From the National Association of Pharmaceutical Students of Australia, forwarding report of their annual meeting held in South Australia, January, 1960.—Received.

**Merchandising and Publicity.**—Mr. Delahunty reported that Mr. Ross had advised that another company had bought out the manufacturer of Pharmatex Toilet Paper. It was a much bigger firm and would be able to import direct from overseas.

Mr. Delahunty reported that the first meeting of the Guild Merchandising and Publicity Co-ordinating Committee was held in Melbourne on February 24. One representative from each State was present. Mr. George Copeland was the Chairman. Mr. Delahunty said there was no set agenda for the meeting. Mr. Dallimore opened the discussion. He recommended that everything that each State did in the merchandising and publicity field should be channelled through the Federal Merchandising Manager. It was also decided to send each State advices from the various advertising agencies employed. Mr. Delahunty said consideration was given to advertising on TV, but it was agreed that unless they had a line to demonstrate, it was no good spending money on TV. He said from this money it was tried to get down to a programme of advertising for the year, such as September—recommended for oral hygiene; October—preparing for summer; November/December—Christmas; January—summer vitamins; and so on.

Mr. Nichol said at this juncture members might like to comment on the first advertisement which appeared in the "Courier-Mail" of March 2.

## QUEENSLAND—Continued

Mr. Martin said he wished to compliment the Committee on this advertisement. Mr. Delahunty said he had taken a copy of the advertisements to the meeting in Melbourne to show the representatives from the other States, and they were most impressed.

Mr. Nichol said he felt the advertisement appeared at a very appropriate time, as it synchronised with the new basis of Pharmaceutical Benefits.

**Federal Delegate's Report.**—Mr. Martin reported that since last meeting he had been to Melbourne to hear the final outcome of the meeting of the Federal Executive with the Commonwealth Government representatives. By now all members had received a copy of the outcome of the meeting. Within the past few days Mr. Scott had telephoned him to give him the result of the poll and to let him know that he would be holding a press conference, so that the information could be made known as speedily as possible throughout Australia. This would obviate the necessity of sending advice to each member. Mr. Martin said the result of the poll was that 85 per cent. of the members supported the referendum.

Mr. Martin said it was recommended that the minimum fee for a prescription be 5/-, and the Prescription Proprietary Fee be 2/6. These were to coincide with the introduction of the Government's new fees which applied as from March 1.

Mr. Martin said all chemists in the Brisbane area had had an opportunity of hearing at first hand the workings of the new scheme.

With regard to the alterations which had just come through concerning the National Health Scheme, Mr. Nichol said everybody would have received within the last day or so 17 pages of amendments. Mr. Nichol said there was very little space to make any adjustment for the alterations and additions. He had telephoned Mr. Bate and protested that all those pages of amendments should become available so soon after a publication had been received. Mr. Bate said he would take the protest as official on behalf of the Guild in Queensland, and when he was writing to Canberra he would include his own personal protest as well.

Mr. Martin moved that a letter be sent to the Chief Pharmacist confirming Mr. Nichol's protest in regard to the amendments to the new National Health Price List. Seconded by Mr. Armstrong. Carried.

It was recommended that a copy of this letter be sent to Federal office for its information.

**Pharmacy Board.**—Mr. Nichol reported that most of the deceased estate pharmacies were being sold and falling into line with the Board's requirements. Mr. Nichol said there was very little else to report on Board activities this month.

**Thanks to Mr. Bate and Mr. Brammall.**—Mr. Nichol said he felt certain that those who were present at the meeting on February 26 were most grateful to Mr. Bate and Mr. Brammall for the information they were able to furnish concerning the new features of the Pharmaceutical Benefits Scheme and the Pensioner Medical Service. It was very pleasing to see such a good attendance, and he thought all those who were present appreciated the opportunity of having Mr. Bate and Mr. Brammall advise on and interpret various points. He felt it would be fitting for a letter of thanks and appreciation from those present to be sent to Mr. Bate and Mr. Brammall.

Other members endorsed the President's remarks, and the Secretary was requested to write a letter of thanks to Mr. Bate and Mr. Brammall.

The meeting closed at 10.45 p.m.

## New Zealand

### DINNER IN HONOUR OF NEWLY QUALIFIED CHEMISTS

We are indebted to Mr. Gordon B. Simpson, Honorary Secretary of the Pharmaceutical Society of New Zealand (Otago/Southland Branch), for a report of a Dinner given by that Branch of the Society in honour of 14 newly qualified pharmaceutical chemists in the area.

Mr. Simpson states that this was the first occasion on which the Society had honoured its graduates in this way.

The Dinner was held on February 24, and there were 53 guests, including the President, Mr. Conroy, Dr. F. N. Fastier, Lecturer in Pharmacology, University of Otago Medical School, and Mr. R. J. Kinniburgh, Glaxo Laboratories.

In an address to the gathering, Mr. Kinniburgh, after an entertaining opening, advised the young graduates to set their goals and stick to them: to be careful what those goals were and to seek earnestly to achieve them. As an example he quoted from the history of his own company. He related how the Directors in a dingy room in London in 1920 gathered to decide how they would wind up the company. One said, "Look here, I think it is worth another try," and from the stimulus of that idea grew one of the most successful pharmaceutical enterprises. Mr. Kinniburgh urged his listeners to lose no time in exploring possibilities of further achievements and to work to the limit of capacity.

If they elected to stay in pharmacy where they would deal with small things at close quarters, it was important that they should engage in other activities—sports, hiking, mountaineering, etc. Best of all he said would be aviation. An outlet was necessary to avoid the real danger of becoming too much like your environment without realising it. He emphasised the value of travel beyond the shores of one's own country.

Referring to criticism of the Pharmaceutical Benefits Scheme, he wondered who among the critics would place a monetary figure on the value of protecting children from Tuberculosis and other dreadful diseases. It had to be realised that any halts to progress registered in the so-called privileged nations had repercussions among the under-privileged to whom they owed a debt of obligation that they should quickly set about discharging before the opportunity was lost.

He gave an example to illustrate the benefits to be gained from making available the benefits of new medicinal preparations to undeveloped populations. A W.H.O. officer's report of his work with Penicillin in the Pacific Islands in combating Yaws was quoted. To these people, Penicillin and other anti-biotics were miracles.

Mr. Kinniburgh asked, "Do we dare withhold light in their darkness by allowing anything of politics, incomplete appraisals, or lack of unity to stand in the path of progress?"

Mr. Kinniburgh reminded the audience that they stood in a unique position by way of access to the public mind. That by their professional qualifications they had achieved a degree of public respect and that by the knowledge they gained of their clients' medical treatment they saw an aspect of lives often denied their closest friends.

They were in a position to hear the views of many people who were well versed in many subjects and it was worthwhile listening on occasions.

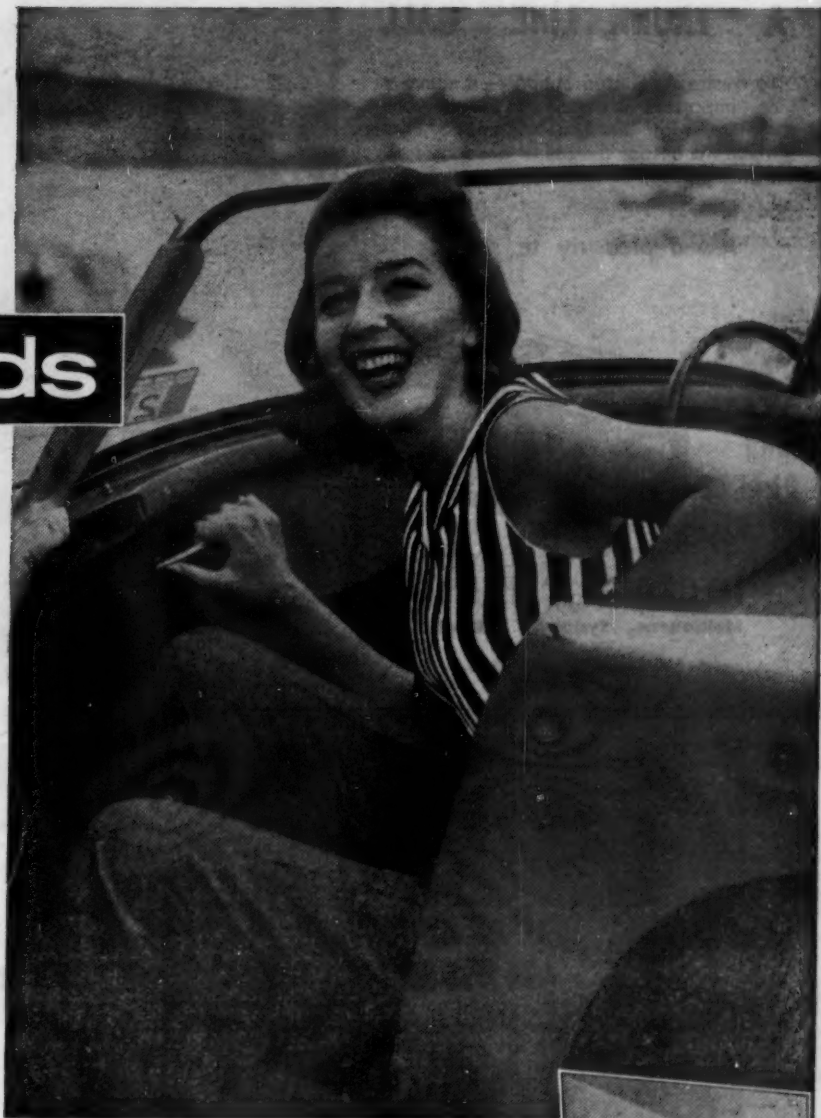
At the conclusion of his address, Mr. Kinniburgh proposed the toast of the new pharmacists.

Mr. J. D. Hughes, Kodak Prizewinner for the district, replied.

A "Pocketbook of Proprietary Drugs," by Cruikshank and Stewart, presented by N. M. Peryer Ltd., was presented by the President to each graduate, and the evening concluded with Dr. Fastier proposing a vote of thanks to the Society and to Glaxo Laboratories for its hospitality. The vote of thanks was ably seconded by Mr. S. Hall.

**she  
sells  
Meds  
for  
you**

Attention-getting advertisements are creating a greater awareness of the advantage of Meds among the active young women of today. It's a fast-growing market with sales potential PLUS!



**YOU CAN SHARE IN THIS MARKET  
BY DISPLAYING MEDS  
PROMINENTLY**

*Ask for the Meds Merchandiser*





## A "TRUNK LINE" CALL

To Australian Photographers — it conveys an important message to load your camera with Ilford Panchromatic Film which will answer the call of every camera enthusiast to provide clear, sharp pictures.

*it's a pleasure to sell it*

For  
FACES  
and  
PLACES



**ILFORD** (AUSTRALIA) PROPRIETARY **LIMITED**  
Melbourne, Sydney, Brisbane,  
Adelaide, Perth.



# Lournay

## BEAUTY PREPARATIONS

bring you a big

# 68% MARK UP

backed by

## ALL YEAR ROUND PROMOTIONS

*All Lournay advertisements carry the Guild insignia*

# SOUTH AUSTRALIA

## PERSONAL and GENERAL

## State News

Members desiring publication of personal items of interest are invited to write details to the Journal Correspondent in S.A., Mr. E. F. Lipsham.

**Mr. M. Conigrave** has transferred to Tasmania.

**Mr. K. Hassey** (N.S.W.) stayed in Mt. Gambier during the month of March to assist Mr. J. Palmer.

**Mr. B. Kaehne** is now assisting in the pharmacy department at the Adelaide Children's Hospital.

**Miss M. Dahl** has been managing at Mr. G. Kamm's, of Seacombe Gardens, and Mr. W. Erikson, of Graymore.

**Mr. V. Moriarty** relieved Mr. J. C. Rowe, of Glenside, for a few days in March.

**Miss P. Lugg**, of Royal Adelaide Hospital, is to leave in June for an extended 18 months' tour of England.

**Mr. R. H. Callaghan** has registered a new pharmacy at 687 Brighton Road, Seaciff.

**Mr. T. Tyler** relieved Mr. H. Giles, of Crago's Pharmacy, Warradale, at the end of March.

**Mr. P. Argall, jnr.** has opened a pharmacy in Ceduna, in the far western part of the State.

**Mr. R. Clampett** has purchased the pharmacy in Plympton North, previously conducted by Mrs. L. Gilchrist. Mr. K. Donaldson is recorded as the manager.

**Mr. L. Holmes** acted as manager during March for the pharmacy in North Adelaide conducted by Mr. and Mrs. O'Connor.

**Mr. P. Brown** acted as locum for Mr. E. Coombe, of Young's Pharmacy, Hutt Street, Adelaide, for the last weeks of March.

The name of **Mr. B. L. Reynolds** has been added to the official Register of Pharmaceutical Chemists under reciprocal arrangements with Great Britain.

**Mr. H. G. Collyer** has been managing for a month the pharmacy of Mr. A. Holloway in Diagonal Road, Glenelg.

**Mr. J. Bertram** has opened a pharmacy in Torrens Road, Croydon Park.

**Mr. M. Conigrave** has resigned his managership with Mr. D. Finlayson, of Grote Street, Adelaide, and has been relieving Mr. R. Taylor of Streaky Bay; and Mr. J. Otto, of Naracoorte.

**Miss P. Lugg** spent the first fortnight of March as relieving manageress for Mr. D. McLaren of Kings Park. She then acted as locum for Mr. A. Holland, of Stempel & Jolly, King William Street, Adelaide.

**Mr. N. Russell** is now in charge of his pharmacy in Goodman Road, and **Mr. R. Patrick** is in charge of the branch pharmacy in Philip Highway, both in Elizabeth South.

**Mr. M. Eckersley** has purchased Webber's pharmacy, in King William Street, South. The manager, Mr. R. Phillips, has been assisting in Henry Francis & Co., Myer Emporium, Adelaide.

**Mr. L. Norton** managed during the last weeks of February for Mr. P. Wurm, Pultney Street, Adelaide, and in the early part of March for Mr. R. Michael, of The Broadway, Glenelg.

**Mr. F. Smith** spent the end of February and the beginning of March as locum for Mr. P. Argall, of Unley. The weeks in the middle of March were similarly spent for Mr. J. Everett, of Parade, Norwood.

**Mr. P. McDonough** has resigned his position at the Adelaide Children's Hospital to take up relieving duties. In the early part of March he managed the Seacombe Gardens Pharmacy during the absence on holidays of the proprietor, Mr. R. Holder.

During the past month **Mr. R. Medlow** has acted as locum for Mr. F. Crowley (Sturt Street, Adelaide); Mr. A. A. Russell (at both Hyde Park and at Unley); Mr. I. Schultz (Steven's Pharmacy, Adelaide Arcade), and Mr. J. Windle (Walkerville).

Over the months of February and March **Mr. R. Byrnes** has been acting manager for Mr. D. O'Reilly (Ovingham), Mr. G. Somerville (Grote Street, Adelaide), Mr. V. Fountain (Cheltenham), Mr. J. Carnie (Port Lincoln), Mr. W. Pak-Poy (Graymore), Mr. J. Watson (Malvern).

**Mr. Z. Rostek** continued to assist Mrs. Trummer, of Tonsley Park, before going to Mr. J. Schocroft, of Burnside, for a couple of weeks immediately prior to preparing the stock and fittings for his own pharmacy in Morphettville Road in Warradale. Mr. O. Conley returned to Mrs. Trummer in the early days of March.

In the recent supplementary examinations **Mr. R. Billing** completed the last small subject to obtain his Bachelor of Economics degree. He is now working in the Pharmacy Department of the Adelaide Children's Hospital to gain that type of experience before making an extended overseas tour.

**Friendly Society Medical Association Changes:** Mr. F. Chapple, of Norwood, has retired and the branch is now managed by Mr. T. Maloney. Beulah Park is now managed by Mr. N. Washington. Mr. P. Brown is relieving at Parkside. Miss Bennett is now in charge at Unley. Her place in Keswick is now occupied by Miss B. Maloney. Mr. L. Norton is now recorded as manager for Rumge's Pharmacy, Grenfell Street, Adelaide.

## MARRIAGE

**Kernick-Giles.**—The marriage of Marian Ruth, the eldest daughter of Mr. and Mrs. H. Kernick, of West Croydon, to Howard William, the younger son of Mr. and Mrs. E. L. Giles, of Lenswood, was solemnised at the West Croydon Church on March 12.

## BIRTHS

**Valente** (Cornish)—On February 12, at LeFevre Community Hospital, to Pat and Julian—a boy (Gregory Joseph).

**Otto** (Lienert)—On February 18, at Naracoorte, to Laurel and Ley—a son (David John).

**Porra**—Canberra, on March 7, to Katrine, wife of Robert—a daughter (Kirsten Irene).

**Russell**—To Peg and Alan, on March 3, at Memorial Hospital—a son (Bryce William).

## HIGHER WAGES FOR PHARMACY MANAGERS

The Industrial Court during the month made a State-wide award by consent of the parties covering wages of managers of pharmacies—male and female.

The new weekly wage rates are £23/19/- for men managers and £17/19/- for women. The marginal additions are £2/4/6 and 75 per cent. of that amount respectively.

The recent marginal pay rise granted by the Commonwealth Arbitration Commission has been applied to the award.

## SOUTH AUSTRALIA—Continued

The award will operate as from February 8 for 12 months.

Mr. G. R. Brownhill appeared for the Federated Miscellaneous Workers' Union, and Mr. G. C. Lane for the Pharmaceutical Service Guild and the Friendly Societies' Medical Association.

### UNQUALIFIED SUPERVISION

#### Two Chemists Fined

Colin Charles Freeman, of Somerton, and John Christian Freeman, of Netherby, were charged at the Adelaide Court during the month with having at Bank Street, Adelaide, on January 20, 1960, carried on the business of retailing, compounding or dispensing drugs or medicines on the orders or prescriptions of medical practitioners at a time when the premises were open to the public and not under the direct and constant personal supervision of a registered pharmaceutical chemist.

Both defendants pleaded guilty and each was fined £3/15/-, with £2/8/3 costs.

The same defendants were further charged with being an unincorporated association of persons in or about the same premises exhibited words or a sign signifying, or which might reasonably be interpreted to signify, that their business is, or was, that of a pharmaceutical chemist, or that they were qualified to compound or dispense drugs or medicines on prescriptions of medical practitioners or that their business was or included such compounding or dispensing without being constantly supervised and managed by a registered pharmaceutical chemist and without having the registered name of the chemist painted or affixed in a conspicuous position in letters easily legible on the outside of the premises.

On this charge each defendant was fined £5, with £2/2/- costs.

Mr. J. R. Cornish prosecuted for the Pharmacy Board of South Australia, and Mr. L. Fernandy appeared for the defendants.

### PHARMACY BOARD

#### Monthly Meeting

The Pharmacy Board of South Australia met at 27 Grenfell Street, Adelaide, on February 15 at 7.45 p.m.

**Present.**—Mr. D. C. Hill (President) in the Chair, Messrs. G. L. Burns, L. A. Craig, E. F. Lipsham, R. C. McCarthy, B. F. Mildren and K. S. Porter, and the Registrar.

**Correspondence.**—A copy of the 59th annual report for the year ended December 31, 1959, from the Pharmacy Board of New South Wales was received. The Registrar tabled the report and quoted interesting extracts therefrom. It was noted that the report stated that negotiations were proceeding with regard to the South African Pharmacy Board's application for reciprocity with that State. In view of the earlier discussion at the Conference of Boards in May, 1959, following the first approach by the South African Board, and the reciprocity arrangements between all Australian States, it was considered that an early opportunity be sought for the President to meet representatives of other State Boards to discuss this matter. It was then resolved that the President be authorised to arrange a meeting with representatives of State Boards at a central place as soon as possible, and, for that purpose, he discuss the matter with Mr. B. L. Reynolds, recently of South Africa.

**Letter from a pharmacist, forwarding an advertise-**

ment of his pharmacy, which appeared in "The Hub," publication of "Meals on Wheels," and apologising for a statement which appeared without his authority. The letter was received and noted, and the Registrar was directed to acknowledge receipt.

Letters from and to registered pharmacist inquiring on the ethical position of the proposed slide for a picture theatre, stating:—

"Take your prescriptions to (here is inserted the name of a chemist), and remember (a specified product)."

It was decided that, in the opinion of the Board, the proposed advertisement submitted was undesirable, and, consequently, it was agreed that such view should be transmitted to the manufacturer of the product concerned, who was sponsoring the advertising.

The Registrar stated that he had been approached personally by the Secretary of R.S.P.C.A., seeking advice on the best method to control the sale of hydrocyanic acid (prussic acid). He had referred the inquiry to the State Department of Public Health. Mr. McCarthy said he would publish in the next issue of the departmental publication, "Good Health," a reminder to pharmacists on the requirements that the poison item concerned could only be sold when recorded and signed for by the recipient in the presence of a member of the Police Force. Members decided that a similar item should be forwarded also to "Gilseal News" for publication.

To the President, from the Secretary, Pharmaceutical Society of Victoria, inviting a representative of the Board to attend the official opening of the new Victorian War Memorial College of Pharmacy on March 29. The President advised that he was anxious to attend the opening and would do so if it were possible for him to make the journey at that time. Members thanked the President for his undertaking in the interests of registered pharmacists in South Australia.

**Apprentices.—Inexperienced Worker's Licence:** The President briefly reported on action taken in this matter after the January meeting, due to the necessity to reach an early decision to provide for 1960 apprentices. He stated that it had been decided after consultation with the Board's solicitors that the departmental view put forward in this matter was correct.

Accordingly a new clause 4 (g) had been drafted and included in all indentures being executed for the 1960 intake. The clause stated.

"4 (g): That the apprentice will, on attaining the age of twenty-one years, immediately apply to the Department of Labour and Industry for an inexperienced worker's licence to work at a wage less than the minimum adult wage fixed for the time being."

It was resolved that the action taken by the President and Registrar be confirmed.

The Department of Labour and Industry and the Board, after discussion with its solicitors, has accepted the departmental view put forward. Letter to F.P.S.G.A. (S.A. Branch) had been informed accordingly.

The Registrar was directed to circulate copies of the two drafts of a new clause by the Board's solicitors with the minutes, so that they could be considered at the March meeting in relation to a reprint of indentures for future use.

To the Women Pharmaceutical Chemists' Association, advising on the result obtained by the first and second female examinees at the November examinations.

To Mr. A. E. Hosking, forwarding form of statutory declaration regarding essential equipment for training of apprentice—son.

**Finance.**—Statement for the month of January was submitted and adopted, and accounts totalling £171/5/8





# A complete range of **PRODUCTS**

is now available

through all Chemist-Guild Wholesalers  
in Australia and New Zealand

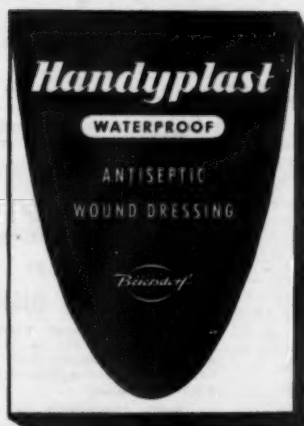
Technical and market researches constantly bring improvements  
to the range and new items with tremendous potential are  
frequently added to the established

"Chemists-only" Contracts!



For instance:

New **LEUKOPLAST PLASTIC** Adhesive Plaster  
on 2 1/2 yds. and 5 yds. Snap-spools



New **HANDYPLAST** Strip-Packs

First-Aid Strip Dressings 3" x 3/4"  
Available in Waterproof, Plastic and Elastic  
Packets of 12, 30 and 100

Antiseptic with QAC  
Individually wrapped and sealed  
Competitively priced  
Attractive and unusual merchandiser  
with every parcel-buy

A.V.19

Australian Factory Representatives:

**MARTIN & CO. (SURGICAL) LTD. SYDNEY**

New Zealand

Factory Representatives:

**GORDON D. VINCENT, AUCKLAND**

**WE DID THIS**

For Mr. J. McKERTCHER,  
MAJOR ROAD, FAWKNER

**LET US DO IT FOR YOU**



## SHOPS

COMPLETELY FITTED  
FROM  
**£ 600**

- TERMS ARRANGED
- LOW DEPOSIT
- REPAYMENT from £8 p.w.

Plans and Specifications prepared without obligation. Phone FW 1414 or 6667 and one of our expert representatives will call.

**BOSTON SHOPFITTINGS PTY. LTD.**

**FW 1414 — FW 6667**  
64 SYDNEY ROAD, BRUNSWICK

3 1/4"

# PLASTIC Price Stripping Available!

*Full range of matching price tickets for Chemists!*



Neat and colourful, this new width three-quarter inch Price Stripping with its matching numerals will give your Pharmacy that modern appearance which helps your profit-building merchandising.

PRICE SETS



### Australia's best value in Price Systems!

This new 3/4 in. stripping is only 42/- per 100 feet, and sets of 36 dozen figures, from 1d. to 10/-, are only 72/- plus tax. Easier to fix, looks better, lasts longer! Payment on Invoice. Get the best ... get a P.P.T. UNIVERSAL Pricing System!

*Samples  
free on  
request*

## PLASTIC PRICE TICKET Co. (Aust.) Pty. Ltd.

1949-53 MALVERN ROAD., DARLING, S.E.5. VIC. Phone BL6954

INTERSTATE AND N.Z. AGENTS FOR P.P.T. UNIVERSAL PRICE TICKET SYSTEMS

In SYDNEY, BRISBANE, ADELAIDE AND PERTH:  
NIELSON & MAXWELL LTD.

TASMANIA: J. Welch & Sons Pty. Ltd., Hobart; Dobson Sales Agency, 110 Murray St., Hobart  
Amoco Agencies Ltd., Launceston  
N.Z.: Pirrit Bros., Auckland and Christchurch; The Griffin Savage Co., 8-12 Allen Street, Wellington, C.3

### for your WINDOWS & DISPLAY CASES

For show-case and window-pricing, the de-luxe P.P.T. set is ideal. It can be set up in seconds and gives that distinctive quality appearance necessary for modern display.

1 1/2-in. characters 38/- set  
3/4-in. characters 45/- set

Also MINIMARKER and ADON SETS

## SOUTH AUSTRALIA—Continued

were passed for payment. The audited finance statement for the year to December 31, 1959, duly signed by the Auditor, was tabled and received.

The Registrar reported that on any excess in balance over £2000 in the Board's Savings Bank account no interest was received. He suggested that a second interest-bearing account be opened. It was then resolved that the Treasurer and Registrar arrange for the opening of a second Savings Bank account to enable interest to be received on the full amount standing to the credit of the Board.

**Inspections and Actions.**—Reports of the Board's Inspector were received, and necessary action authorised. Action taken by the Registrar, with the authority of the President, during the interim between meetings was endorsed.

The Registrar reported on conversations with the Police Department on one case in the city, and he was happy to state that an unsatisfactory position had now been corrected. The Registrar also reported on progress of prosecutions pending, advising the action taken since the previous meeting by the Board's solicitors.

An Inspector's report was received, pointing out that a dispensary inspected did not comply with the requirements of the Board relating to size. The Registrar was directed to write to the pharmacist concerned, pointing out that the pharmacy did not meet the Board's requirements relating to the training of apprentices.

**Regulations:** The Registrar advised that the supply of printed regulations was being exhausted and that he had consolidated the whole of the Regulations ready for reprinting. It was resolved that authority be given for the reprint of the consolidated Regulations to date.

**Completion of Indentures.**—Ten.

**Cancellation of Indentures.**—Five.

**Assignment of Indentures.**—One.

**Registration of Indentures.**—Twenty-three.

**Certificates of Identity.**—Five.

**Practising Certificates.**—Eight.

**Registration of Premises.**—Eleven.

**Relievers.**—M. L. Abbott to B. Edwards, R. H. Billing to J. A. Rhymer, P. H. Brown to J. S. Pain, Mrs. J. B. Bullock to T. M. Curnow, Mrs. J. B. Bullock to J. Garrett, R. L. Burlinson to R. E. Martin, H. G. Collyer to W. T. Ey, R. A. Crago to E. Fleer, R. A. Crago to M. G. Prosser, K. S. Hassey to C. Clyne, K. S. Hassey to D. Bardolph, M. Hennoste to J. E. Suck, D. M. King to L. A. Craig, L. Norton to B. and H. Lawton, L. Norton to R. R. Patrick, L. Norton to B. and H. Lawton, D. R. Penney to N. Russell, I. B. Roark to S. E. Hardy, Z. Rostek to D. G. Mitchell, Z. Rostek to A. G. Trummer, P. Stanfield to D. K. Wilson, J. Stephens to D. H. Peek, D. J. Taylor to C. Daniels, M. Wyer to J. Teakle, M. Wyer to A. Haddad, A. N. Physick to M. C. Moore, and R. N. Billing to R. B. Clampett.

### PHARMACEUTICAL SOCIETY

#### Half-Yearly Meeting

The Half-Yearly Meeting of the Pharmaceutical Society of South Australia was held in the Shell Theatre, North Terrace, on February 19, 1960, at 7.45 p.m.

The President, Mr. D. F. J. Penhall, presided over an attendance of approximately 85 members and 20 invited students.

The President in his opening remarks referred to the following matters:

#### Death of Mr. Trummer:

The decease on the previous day of Mr. A. G. Trummer, a member of the Society, who had come to South Australia from Europe in the early post-war years with pharmaceutical qualifications in his own country. He had proceeded to take advantage of the 1952 amendment to the Pharmacy Act and attend an allotted series of lectures in the Diploma in Pharmacy course and undergo a period of articulated pupilage. He was eventually successful in obtaining the Diploma in Pharmacy and was one of the first of the European pharmacists to be registered here. Mr. Trummer had always taken an interest in Society affairs.

A proposed week-end convention to be held if possible at Aquinas College on the first week-end of the first University vacation. The President appealed for the support of pharmacists from country areas and metropolitan members to attend the meetings.

#### South Australian Congress of N.A.P.S.A.:

The President paid tribute to the efficient organisation of this convention by the South Australian students.

#### Presentation of Prizes:

He then presented the following academic honours for the year 1959:

**Patterson Memorial Prize for Top Distinction in First Year:** Mr. Dennis C. Gambell, apprenticed to Mr. J. E. Hession.

**J. H. Hardy Prize for Elementary Pharmacy:** Mr. Lloyd N. Sansom, apprenticed to Mr. J. R. Pickering.

**Francis Hardey Faulding Memorial Award for Top Distinction in Second Year:** Mr. William L. Craigie, apprenticed to Mr. W. W. Eriksen.

**Parke-Davis Awards for First and Second Distinctions in Third Year and Gold Pins Commemorating Visit to Sydney:** Miss Rosalie E. Martin, apprenticed to Mr. A. A. Russell; Mr. Raymond F. Flechner, apprenticed to Mr. A. P. Haddad.

The final year students who were honours winners would be invitees to the Complimentary Dinner to be held in April. The honours would then be presented. Each was asked to stand as their names were called as under:

**Gold Medal** to Mr. Donald J. Hyde (apprenticed to Mr. W. G. Clarke).

**Silver Medal** to Miss Pauline Stanfield (apprenticed to Mr. D. K. Wilson).

(First and second places in selected subjects over the four years of the course.)

**Kodak Prize** presented for the highest aggregate marks in selected subjects (other than for the Gold and Silver medals) over the four years, to Mr. Mart Hennoste (apprenticed to Mr. J. E. Suck).

#### Notice of Motion:

The Vice-President, Mr. K. D. Johnson, gave notice that at the Annual General Meeting to be held in August 1960 he would move the following motion:

"That the Rules of the Society be amended by the addition thereto of a new clause (9) to Rule 3, 'on the initiative of the Council Honorary Life Membership may be bestowed on members who, in the unanimous opinion of the Council have contributed significantly to the furtherance of the objects of the Society: from the 1st July following the date of election to Honorary Life Membership the annual subscription of the member concerned to be no longer required. A permanent record will be maintained by the Society of those elected to Honorary Life Membership and a permanent record of the occasion shall be given to the elected Honorary Life Member.'"

He explained that although the Constitution gave power of election the Rules did not provide the necessary machinery clause.





## NEWSLETTER

### DRUG COSTS

Of course you are interested in this subject. Then get a look at the Am. Prof. Pharmacist, July 1959. A symposium of 20 articles covers all angles. Our copy has been borrowed by several local Guild leaders.

### JOHNNY WALKER

Born 200 years ago, took to medicine at 38, graduated and became a pioneer at vaccination. Another, deceased now 100 years, was a Stockton-on-Tees pharmacist who invented "friction lights" or "lucifers." His was the first "safety" match. Johnny Walker—and you thought of whisky. Shame!

### ENZYMOLGY

Enzyme producing micro-organisms have been used by man for thousands of years to make bread, wines and cheeses—but as a science it has recently been mushrooming to be more exciting than the oral penicillins, steroids, anti-microbials, new hypotensives and diuretics. Industrially, enzymes are used in numberless ways. In medicine, uses are becoming ever wider—digestive conditions, wound cleansing, dissolving intravascular clots, lung and bronchial conditions, gynaecology, modifying abnormal metabolic processes. Uses are continually increasing. Enzymology is heading to a continued expansion and domination of biochemistry. In 1958 enzymes totalled 659.

### IT CERTAINLY IS!

Doctors continue to report that "Hamilton's Calcium is still the most pleasant method of calcium administration." As it is time to start the chilblain sufferers on calcium intake, recommend they have Hamilton's Calcium.

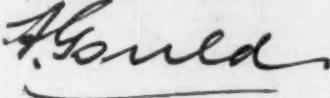
### ANTI-BIOTIC NAMES

Mycins are of soil origin. Could it be true that a new one developed from soil along a railroad track is to be called "Choo-choo-mycin?"

### CRYSTAL BALL

Fortune teller gazed into crystal ball, then told his young lady client something amusing was about to happen. He then burst into laughter. She rose and slapped his face. "Why the slap?" he asked. She replied, "Mother always advised me to strike a happy medium."

Until next "A.J.P."

  
**THE  
HAMILTON LABORATORIES LIMITED**  
BOX 7. G.P.O.  
ADELAIDE

## SOUTH AUSTRALIA—Continued

This fact had been discovered when the Council elected Mr. K. S. Porter as at July 1, 1959. It was also found that Mr. E. F. Lipsham, who had been similarly honoured in 1938, lacked a memento.

As a consequence, the Council has provided an illuminated certificate for each of these members.

The proposed new Rule would provide guidance for future elections of a like nature.

### Address

The President, in introducing the speaker for the evening, namely Mr. B. L. Reynolds, the newly appointed Senior Lecturer in Pharmacy of the University of Adelaide, extended to him on behalf of all members a very warm welcome to South Australia.

Those who had met him since his arrival late in October 1959 respected his ability and his willingness to work for pharmacy. They expected him to maintain the leading educational position enjoyed by the State. There was no doubt that he would maintain the high calibre of students. He had enjoyed a wide experience in Great Britain and South Africa. As President of the Society he felt pride in welcoming Mr. Reynolds and in asking him to address the gathering of members.

Applause greeted Mr. Reynolds. In opening his remarks he thanked the President for his generous words of introduction. He stated that he would like to give some impressions of South African pharmacy and also to talk about pharmaceutical education in South Africa, Great Britain and South Australia.

A summary of Mr. Reynolds' address is published elsewhere in this issue.

After the address by Mr. Reynolds a film interlude was provided by the Shell Company of Australia by the presentation of the Australian production of "Two Men of Fiji." The President thanked the Shell Company for the use of the theatre and the excellent film showing, after which members adjourned for supper.

### COUNCIL MEETING

The Council of the Pharmaceutical Society of South Australia met at 27 Grenfell Street, Adelaide, on March 1 at 7.45 p.m.

**Present.**—Mr. D. F. J. Penhall (President) in the Chair, Messrs. K. D. Johnson, E. F. Lipsham, R. B. Martin, K. G. Phelps, R. N. Spafford and Miss Z. M. Walsh, and the Secretary.

**Correspondence.**—From Mr. H. W. Salman, thanking Council for expression of sympathy in recent bereavement.

To Mr. K. Hassey, President, N.A.P.S.A., acknowledging receipt of minutes of annual Council meeting of that Association.

From the State Branch Committee of the Guild, advising that the only firm date fixed by that body is the annual general meeting on Tuesday, August 30, 1960.

From Women Pharmaceutical Chemists' Association, advising that their annual general meeting would be held on March 29, and that Committee meetings were held on the fourth Tuesday in each month.

**Official Opening of the Victorian War Memorial College of Pharmacy.**—It was resolved that the Council desires that the Society be represented at the opening of the Victorian College by the attendance of the President personally. The President stated that he appreciated the feeling which prompted the present resolution and would do his utmost to make arrangements enabling him to attend.

It was resolved to invite Mr. Reynolds, the new Senior Lecturer in Pharmacy at the University of Adelaide, to attend the April meeting of the Council to discuss various education matters.

**Proposed payment of Directors' fees to members of the Board of "The Australasian Journal of Pharmacy."**—The President submitted a letter received from the Chairman of Directors of the Journal publishing company. After discussion, members of the Council expressed disapproval of the proposal, and authorised the President to reply to the letter, directed to him personally, by conveying their own unanimous views in the matter.

**Education.**—Letters to F. H. Faulding & Co. Ltd. and Parke Davis & Co., acknowledging receipt of awards donated by them.

The Secretary reported on interviews with new students entering the course for the first time for 1960, which he had carried out with the Senior Lecturer, Mr. B. L. Reynolds.

The Secretary further advised that all entries, both firm and provisional, had been lodged with the Assistant-Registrar of the University. He undertook to submit to the April meeting details of the numbers of students in each year of the course in 1960.

**Report on a Suggested Syllabus for Pharmaceutical Training Submitted by the Senior Lecturer, Mr. B. L. Reynolds.**—The report was tabled and discussed. The Vice-President presented to the meeting a statement on education generally, incorporating recent observations, discussions and negotiations of the Education Subcommittee. It was then resolved that the statement submitted by the Vice-President, Mr. K. D. Johnson, with amendments as approved at this meeting, be printed and distributed among all members of the Society after final perusal by the President.

The Vice-President recorded the views of the Council on the suggested syllabus submitted by Mr. Reynolds and on future education policies generally, for further discussion by the sub-committee.

**History of Pharmacy.**—Letter from Mr. S. A. Downie, requesting relief from lecturing in 1960. The Secretary was directed to convey this information to the Senior Lecturer and also write Mr. Downie expressing appreciation of his services in the past.

**Finance.**—Statement for the month of February was received and circulated. Accounts totalling £745/16/6 were passed for payment. Education finance statement for the year ended December 31, 1959, was considered and trends noted.

**Post-Graduate Sessions.**—Proposed week-end convention, May 21-22, 1960. The convener, Miss Walsh, reported progress as far as possible while awaiting information on enrolments in Aquinas College, which could not come to hand until later in March. She added that she would submit suggestions to a later meeting for other post-graduate arrangements, depending on the outcome of the proposal for the week-end convention. Her report was received.

**New Members Elected.**—Messrs. B. T. Patrick, B. L. Reynolds and F. B. Smith, and Miss M. E. Dahl.

**General Meeting.**—The President reported briefly on the half-yearly general meeting, which was held in the Shell Theatre on February 19. There had been a good attendance.

**Function for Newly Qualified Members.**—It was resolved that the President and Secretary be authorised to proceed with the preparation of the toast list and programme and general arrangements for this function.

**Annual Elections.**—It was resolved that a preliminary advertisement of the Council election, 1960, be inserted in the next issue of "The Australasian Journal of Pharmacy."

Pharmaceutical Society of South Australia, Inc.

## COUNCIL ELECTIONS 1960

Members of the above Society are notified that nominations for three Councillors will close at 12 noon on 2nd May, 1960, at the office of the above Society.

F. R. SLEEP,  
Returning Officer.

Alexandra Chambers,  
27 Grenfell Street,  
Adelaide.

## UNIVERSITY OF QUEENSLAND

### Reader in Pharmacy

Applications are invited for the position of **READER IN PHARMACY**. Salary £A2560/£A2800 p.a. Applicants should have a University higher degree with high qualifications in the profession of Pharmacy. Teaching and lecturing experience preferably at university level or original contributions to the subject would be additional valuable qualifications.

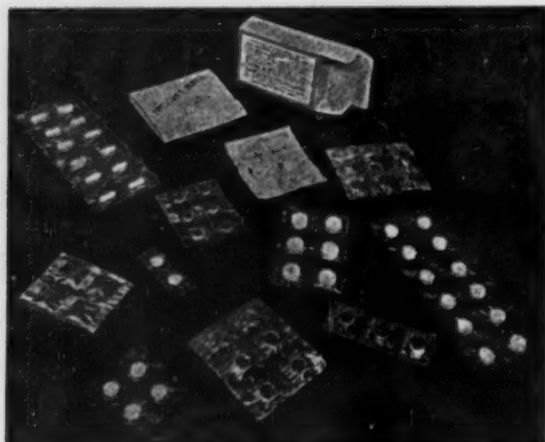
Further particulars are obtainable from the Registrar, University of Queensland, St. Lucia, S.W.6. Applications close with the undersigned on 7th May, 1960.

C. J. CONNELL,  
Registrar.

## PRIVATE FORMULA

### Tablets

BY THE THOUSANDS...  
OR BY THE MILLIONS



Our long experience enables us to render you prompt, accurate and reliable service in the manufacture of your tablets. We can supply your own private formulas in either bulk supply or in modern hygienic strip wrapping—cellophane or foil—packed to suit your own requirements.

Central location of our laboratories means quick delivery in the metropolitan area.

*We invite your enquiries*

## ORBIT CHEMICALS

Head Office:

8 PROSPECT STREET, ERSKINEVILLE, N.S.W.

Laboratory:

8 MORRISSEY ROAD, ERSKINEVILLE, N.S.W.

Telephones: LA 2786, LA 7719.

## SOUTH AUSTRALIA—Continued

### THE GUILD

*S.B.C.  
Meeting*

The State Branch Committee of the South Australian Branch of the Guild met at Gilbert Place, Adelaide, on February 18, at 7.30 p.m.

**Present.**—Messrs. A. A. Russell (Chairman), R. R. Patrick, A. G. Lean, E. Lloyd Miller, G. P. Bartold, J. C. Measday, V. L. Mitchell, J. W. Stain and the Secretary (S. S. Woods).

Leave of absence was granted to Mr. J. Physick until he was again well enough to attend.

**Wrapping Paper.**—Mr. Russell informed the Committee of the interview the Executive had had with Mr. J. King-Roach of National Paper Industries regarding the supplies and price of wrapping paper. Further enquiries were left in the hands of the Executive.

**Government Dispensing Plan.**—The President reported that Mr. Patrick and he had attended the Federal Council Meeting on February 15, and he gave an outline of the conclusions reached with the Federal Government on the 5/- Dispensing Plan and the recommendations which would be made to members. It was decided that a Special General Meeting of the S.A. members be called for February 29, and that an invitation be extended to the Chief Pharmacist of the Commonwealth Health Department (Mr. S. W. Fewell) to address members on the new pharmaceutical scheme.

**Parker Estate.**—Mr. Russell informed Committee members of his discussion with the Federal Executive on the proposal to bid for the Parker Estate building. It was felt that there was little hope that the building could be purchased for the limited amount of money available.

**Savings Bank Commission.**—Mr. Russell informed members of the recent interview with the Assistant General Manager and the Chief Inspector of the Savings Bank of South Australia regarding the commission paid to agents. Further negotiations will take place at a later date when additional information has been prepared.

**Members: Discipline of.**—A legal opinion was read concerning the validity of the sections in the Guild Constitution and Rules regarding the suspension of members. The ruling given will be discussed further by the State Branch Executive.

**Handy-Plast Biersdorf.**—Mr. Russell advised that an interview had been arranged with Mr. Martin of Sydney, distributors of Handy-Plast, etc. Mr. Martin had demonstrated the latest range and display unit of these Chemist Only lines.

**Trade and Commerce Report.**—Mr. Lean, Chairman of the Trade and Commerce Committee, reported on: a copy of Victorian Branch advertisement in "Women's Weekly"; Burroughs Wellcome Merchandising Night; National Cash Register lecture; Labelling of Prescription Proprietary Lines; Wrapping Paper.

**Pricing Officer's Report.**—Mr. Stain spoke on Hamilton Laboratories Veterinary Items.

**Publicity Sub-Committee Report.**—Attention was drawn to the fact that in some instances the wholesalers had omitted to add the rubber stamp impression to the monthly accounts requiring the chemist to include his contribution to the Publicity Fund. The Secretary was directed to refer the matter to the wholesalers concerned.

**Night Opening.**—The Chairman reported that the State Branch Executive had interviewed two members



who had now agreed to conform to the Guild trading hours.

**New Members Elected.**—Miss Mildred E. Laffer, Quorn; Mr. Donald W. Manhire, Elizabeth North and Mr. Kenneth J. Frazer, Glynde.

It was decided that in future all new members be given a copy of the application form showing the obligations entered into, and their attention drawn to the Guild hours for business.

**Dispensing Fees.**—It was decided that an application be made immediately to the Prices Commissioner for an increase in dispensing Fees.

**Managers' Award.**—The Secretary advised that the marginal rate for Managers had been increased. It was decided to inform members of the new rates and at the same time advise that the Guild has been informed that there was no obligation on the chemist's part to pay the increase.

**Retail Pharmaceutical Chemists' Board.**—Mr. Walter C. Cotterell had tendered his resignation as a member of this Board and it was decided to forward same to the Minister of Industry. The matter of Mr. Cotterell's replacement to be discussed at the next meeting.

**Guild Trade Mark.**—The Federal Secretary had written requesting a list of lines under the Guild Trade Marks and Names available in this State. It was left in the hands of the Secretary to reply.

**Pharmacy at Hectorville.**—A member had written drawing attention to the proposal for the erection in a residential area of a block of shops including a pharmacy which would be in close proximity to several pharmacies. It was decided to write to the Local Governing Council and the two councillors for the ward, seeking support to disapprove the proposal.

**Easter and Anzac Day.**—The Secretary was instructed to arrange for the printing of a notice to members stating the trading hours during the Easter holidays and Anzac Day.

**Public Relations Officer.**—The Chairman informed members that Mr. G. H. Tennyson had been appointed as Federal Public Relations Director and he had been invited to meet South Australian members at an early date.

**N.A.P.S.A.**—(1) A letter from the Hon. Secretary, A.U.P.S.A., expressing thanks for the Guilds' assistance during the congress was read and received. (2) The copy of the minutes of the N.A.P.S.A. Council was tabled for the information of members.

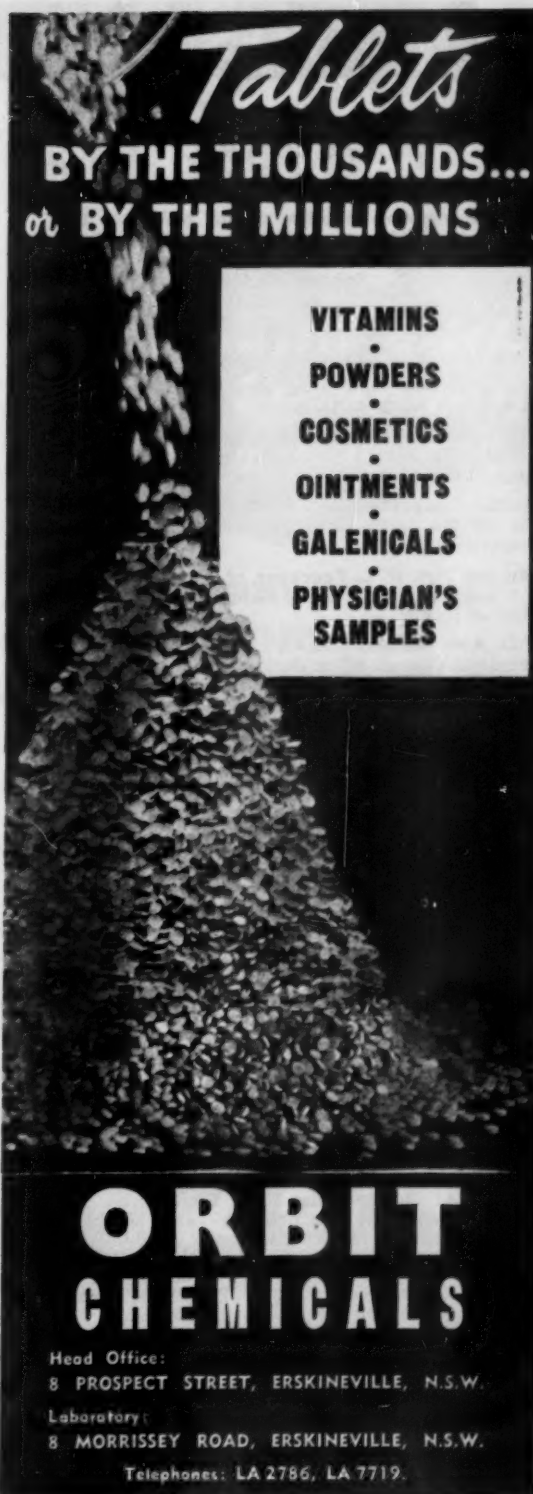
**Financial.**—Statements for the Guild Fund and Publicity Fund for the current period were presented by the Treasurer, and adopted, and accounts were passed for payment.

**Accommodation.**—The Secretary reported that another room next to the Guild Office might soon be available. It was decided that the additional space would be desirable, and it was left in the hands of the Secretary to negotiate.

The meeting then closed.

### POISONING AS A CAUSE OF DEATH

It should be noted that deaths among females due to analgesic and soporific drugs account for about 30% or more of accidental poisonings in Australia, Canada, Denmark, Japan, New Zealand, Sweden and the United States, which may indicate an abuse of these drugs in the countries concerned.—"W.H.O. Chronicle," April, 1959, page 180.



*Tablets*  
**BY THE THOUSANDS...  
or BY THE MILLIONS**

**VITAMINS  
•  
POWDERS  
•  
COSMETICS  
•  
OINTMENTS  
•  
GALENICALS  
•  
PHYSICIAN'S  
SAMPLES**

**ORBIT  
CHEMICALS**

Head Office:  
8 PROSPECT STREET, ERSKINEVILLE, N.S.W.

Laboratory:  
8 MORRISSEY ROAD, ERSKINEVILLE, N.S.W.

Telephones: LA 2786, LA 7719.

# WESTERN AUSTRALIA

## PERSONAL and GENERAL

## State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal correspondent in W.A., Mr. F. W. Avenell ('phone BA 4082).

Mr. T. Brown, of York Street, Albany, has opened a branch at Albany Highway, Albany.

Mr. Don Bott is looking very well after his recent trip to Hong Kong and Japan.

Mr. and Mrs. H. W. Chayler, of South Perth, spent an enjoyable holiday in Sydney. Mr. S. T. Hughes was in charge of the pharmacy.

**Birth.**—Congratulations to Mr. and Mrs. L. Krasenstein on the birth of a daughter (Shauna Jane) on February 15.

Mr. and Mrs. W. L. Fauckner, of Claremont, are spending a brief holiday in Hong Kong. Mr. E. D. Hogben is acting as locum.

F.O. Alex Kauler, R.A.A.F., paid a visit to the Pharmaceutical Council office during his leave in Perth. He is enthusiastic about life in the service, which, he states, is most interesting.

Mr. S. Lane, of Brentwood, has opened a branch pharmacy in Barrack Street, Perth, and Mr. G. F. Foley has opened a pharmacy in the same street. Mr. G. Hollyock is managing for Mr. Foley.

**Robberies.**—Two more pharmacists have suffered in the recent spate of suburban robberies. Mr. H. S. Wheeler, of Doubleview, was the victim on February 29 and Mr. B. B. Caldwell, of Morley, on March 6.

Mrs. E. E. Adlard returned by the "Oronsay" from her trip to Fiji, where she stayed at Coro-Levu. She thoroughly enjoyed the holiday and has greatly benefited in health.

**Yachting.**—Congratulations to Norm Steere and his crew mates in winning the Fremantle-Cape Naturaliste and return yacht race with their vessel "Rakoa." The same yacht won the Bunbury and return race last month.

**Wedding.**—Congratulations and best wishes to Mr. and Mrs. A. F. Hunt, of Cannington, who were married at St. Peter's Church, Victoria Park, on February 27. The bride was formerly Heather Stewart. Mr. A. J. Smith acted as locum.

**Chemists on holidays** this month included Mr. B. B. Caldwell, of Morley (Miss M. T. Coutts relieving); Mr. B. A. Maywood, of Mosman Park (Mr. J. J. Buckley relieving); Mr. M. Southee, of Perth (Mr. J. J. Buckley relieving); Mr. R. D. Sunderland, of Margaret River (Mr. E. A. Taylor relieving); Mr. M. P. Humbert, of Melville (Mrs. R. Edwards relieving); Mr. B. F. O'Brien, of Kelmescott (Mr. S. T. Hughes relieving); Mr. L. H. Inglis, of Bayswater (Miss M. T. Coutts relieving); Mr. C. M. Saunders, of Victoria Park (Mr. J. J. Buckley relieving); Mr. V. Cooper, of Waverley (Mr. K. J. Hawkins relieving); Mr. J. A. Cattalini, of Morawa (Mr. A. V. Garbin relieving); Mr. F. L. Siggs, of Pinjarra (Mr. A. V. Garbin relieving); Mr. M. Lankester, of Attadale (Mr. P. V. Hughes relieving); Mr. N. H. Moore, of Victoria Park (Mr. P. V. Hughes relieving), and Mr. R. M. Purtil, of Bedford Park (Mrs. P. Lewis relieving).

## NEW NARCOTIC DRUG PROCLAIMED

The substance 2-hydroxy-5, 9-dimethyl-2-(2-Phenylethyl)-6, 7-Benzomorphan, also known as NIH 7519, has now been proclaimed a drug within the meaning of the Police Act.

## ADDRESS TO FIRST YEAR PHARMACY STUDENTS

The President of the Pharmaceutical Council, Mr. G. H. Dallimore, in addressing the first year pharmacy students at Perth Technical College on March 17, stressed the importance of using the profession as an avenue of service rather than just a means of livelihood. He said that the motive of service will bring much more personal satisfaction than any other and will also help to maintain the dignity of our profession.

He impressed on his audience the need to be diligent and consistent in their studies throughout the course, and expressed the hope that all those present would qualify within the four-year period.

## THE GUILD

## S.B.C. Meeting

The State Branch Committee of the Western Australian Branch of the Guild met at Guild House, 61 Adelaide Terrace, Perth, on March 8, at 7.45 p.m.

**Present.**—Messrs. W. G. Lewis (Chair), S. J. Wilson, R. W. Dalby, G. H. Dallimore, A. W. Rock, R. I. Cohen, R. D. Edinger, J. V. Hands, M. H. Arnold.

Owing to the absence of Mr. Allan, the State President, on a country visit, Mr. Lewis took the chair. On declaring the meeting open, the Chairman asked all to stand in silence as a mark of respect to our late member, Mr. R. H. Howitt.

**Health Department and Maternity Kits.**—Although the Under Secretary of the Health Department had intimated that the circular dealing with maternity kits had been withdrawn, no official letter had been received. It was recommended that the Department be again contacted, and if the result is not satisfactory, a deputation to the Minister to be arranged.

**Addressograph.**—An automatic addressograph had been purchased and was proving satisfactory.

**Correspondence.**—From the Pharmacy Students' Association, thanking the Guild for allowing them to use the Guild Board Room, and asking that the same facilities be allowed for the coming year. This was agreed to.

From a city chemist, drawing attention to price cutting by another chemist. Action had already been taken.

From a Progress Association, complaining of the lack of an after-hour service. A reply was sent, pointing out that an after-hour service was available for urgent prescriptions.

**Financial.**—The Treasurer's report was received and accounts passed for payment.

As several members were still outstanding with their subscriptions, it was recommended that these members be first contacted before any further action is taken.

**New Members Elected.**—Mr. J. V. Frost, Lake Grace, and Mr. N. G. Dallimore, West Perth (partnership member).

## WESTERN AUSTRALIA—Continued

**Federal Delegate's Report.**—Mr. Dallimore reported on the result of the Federal Council meeting held in Melbourne in February, to discuss the terms and conditions for Pharmaceutical Benefits dispensing.

A minimum dispensing fee and a new ethical dispensing fee were also discussed at the conference.

A meeting of the Federal Publicity Officers was also held in Melbourne, when a uniform plan for publicity was discussed and a uniform basis for working agreed to.

**Pricing Officer's Report.**—Mr. Lewis reported that the mislaid Repatriation prescriptions had been found and all chemists paid.

Price increases are becoming more numerous and more alterations are in the process of being printed.

**Trade and Commerce Report.**—Mr. Rock reported on Pharmatex Toilet Paper, the improved dispensing pack for Finalgon Ointment and the Guild Wrapping Paper.

Sample packs of certain household products were shown under the "Gilseal" label, and it was recommended that these lines be adopted for W.A.

"Gilseal" Olive Oil had been in short supply, but with more bottles available, stocks were now normal.

Akta-vite Month is April, and show material should be available on time.

A series of figures showing the effect of the cut rate store on pharmacy were given. With the advent of the one-stop shopping centre and the establishment of the health and beauty department it appears the only way for chemists to hold turnover is to specialise in "Chemist Only" products and to consider increasing advertising.

**Dispensing Fees.**—The proposed altered dispensing fees came in for considerable discussion. It was decided to refer this question to the April meeting.

**P.B.A.**—It was recommended that the Health Department be asked to notify doctors to use the words "specified purpose" in place of "specified disease."

The matter of dispensing in country hospitals is still causing chemists concern and was referred to the next meeting.

The meeting closed at 11.50 p.m.

## STAPHYLOCOCCI

During the past two years technology of modern medicine has been mobilising to contend with a spreading prevalence of purulent infection, in which that same technology has played an equivocal role. The prevalent infections manifest themselves in a variety of conditions, from abscesses and rashes to fatal blood poisoning and pneumonia. All the cases are traceable to certain strains of the familiar and ubiquitous staphylococcus. These strains are distinguished by their communicability and virulence, and by high resistance to antibiotics. They are, in fact, the product of selection by antibiotics; by bad luck, these resistant strains happen to carry the most harmful traits of their genus. The foci of prevalence are the hospitals, where antibiotics have been employed so extensively in recent years not only for treatment of diagnosed infection but also for prophylactic purposes, often with the neglect of the standard routines of asepsis and antisepsis. This ironic turn of events has caught physicians ill prepared with alternatives to antibiotics. The emergence of the "miracle drugs," the sulphonamides in the 1930's and the bacteriological research just as they were reaching fruition with respect to staphylococcal infection.—Stuart Mudd, "Scientific American," through the "Australian Dental Journal," 1959.



- WHOLESALE DRUGGISTS
- MANUFACTURING CHEMISTS
- MANUFACTURERS' REPRESENTATIVES

*Suppliers to Chemists  
of Drugs, Chemicals,  
Patent Medicines,  
Ethical Preparations and  
Chemists' Sundry Lines*





# TASMANIA

## PERSONAL and GENERAL

### State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal correspondent in Tasmania, Miss Margaret Purdon, care Mr. E. H. Shield's Pharmacy, cr. Collins and Murray Streets, Hobart.

Congratulations go to Misses J. Cramp and M. Shaw and Mr. R. Andrews on their success in the recent qualifying examination.

Miss N. Gibson spent two weeks this month motoring round Tasmania. During her absence Miss Heather McLean has been in charge of the pharmacy.

**Merchandising.**—A large gathering of pharmacists and assistants attended a most informative lecture on merchandising given by Burroughs Wellcome & Co. (Aust.) Ltd.

Best wishes for happy sailing to Mr. and Mrs. Keith Jenkins, who departed for England on the S.S. "Orion" this month. During their six months' absence the pharmacy will be managed by Miss M. Andrews, who has just returned from a holiday spent mainly in Bicheno.

## PHARMACY BOARD

### Monthly Meeting

The Pharmacy Board of Tasmania met at 85 Elizabeth Street, Hobart, on March 21.

**Present.**—Miss M. L. Williams, Messrs. B. L. Ralph, I. B. McLeod, E. N. Lee, A. K. Smith, and the Registrar.

**Chairman.**—In the absence of the President, Mr. E. N. Lee was elected Chairman.

**Godfrey Moase.**—An application for re-registration was received from Mr. Moase.—It was resolved that the Board contact Mr. Moase and ask for a detailed account of his experience over the period that he has not been registered (1953) and that the Registrar be empowered to grant registration on receipt and approval by one Board member of the details of experience.

**Erasure of Name.**—Advice was received from the Registrar-General that Mr. Lindley Wallace Palfreyman, pharmaceutical chemist, died at Royal Hobart Hospital on December 14, 1959.—It was resolved that Mr. Palfreyman's name be removed from the Register.

**Apprentices.**—Approval for satisfactory completion of apprenticeship for the following apprentices was granted: Priscilla Florence Smith, David John Martin, Peter Dallas Johnstone, Paul Gluskie, Joan Phyllis Hoggett.

Fae Amy Edwards: Indentures were received from Mr. Rowe and the periods of time served by Miss Edwards with Mr. Rowe were recorded.

R. D. Ayling: Assignment of Mr. Ayling's indentures from Mr. G. M. Fleming to Miss E. M. Hurst for a probationary period of three months was recorded.

Robert Lindley Palfreyman: Assignment of indentures from the executors of the late L. W. Palfreyman to Mr. C. A. Robertson was approved.

John Arthur: A request was received from Mr. Arthur for recognition of time served in apprenticeship under the 1958 syllabus under the new 1960 syllabus, together with a request from his master that holiday periods served in the pharmacy be counted towards the two years new syllabus apprenticeship.

The Registrar advised that Dr. Burgin recommended that as the period of apprenticeship served by John Arthur of approximately one year was not served in conjunction with training at the Department of Pharmacy, Hobart, no recognition should be allowed, and further that holiday periods should not count towards final apprenticeship.—Dr. Burgin's recommendation was approved, together with approval for Mr. Arthur to transfer to the new syllabus.

**Michael Townley:** A letter was received from Mr. Townley asking for permission to transfer to the new 1960 syllabus and for recognition for one year already served in apprenticeship and of an estimated two years further part-time apprenticeship.

A recommendation was received from Dr. Burgin that as Mr. Townley had served his one year apprenticeship in conjunction with Pharmacy Department training, an allowance of say six months be made in future apprenticeship with a possibility of allowing a further six months for the intended part-time apprenticeship.

The meeting resolved that as in the case of other students no consideration for part-time work could be allowed, but an allowance of six months apprenticeship could be made due to previous trained pharmaceutical services. Therefore, he would be required to do 18 months under the new syllabus after the completion of academic studies.

**Neville Ludbey:** A letter was received from Mr. Ludbey asking whether recognition of a pass of 96 per cent. in Physics in a Melbourne radiography correspondence course would be recognised towards the prerequisite requirements.

The Registrar advised that this matter had been referred to the University and back to the Pharmacy Department, resulting in the recommendation that Mr. Ludbey's pass be accepted and at the same time it be pointed out to the student that as the syllabus is one-sided he will encounter things he has not done in future Chemistry I studies.—This recommendation was approved, thus making his a lower pass for Physics subject to Mr. Ludbey presenting an actual notification of results.

**A. G. Horner:** The Registrar advised that Mr. Horner was contemplating continuing his pharmacy studies in 1961 and that the Department of Pharmacy felt that before Mr. Horner commences the Board should require a medical certificate from the medical practitioner who diagnosed Mr. Horner's complaint stating that he is fit enough to continue.

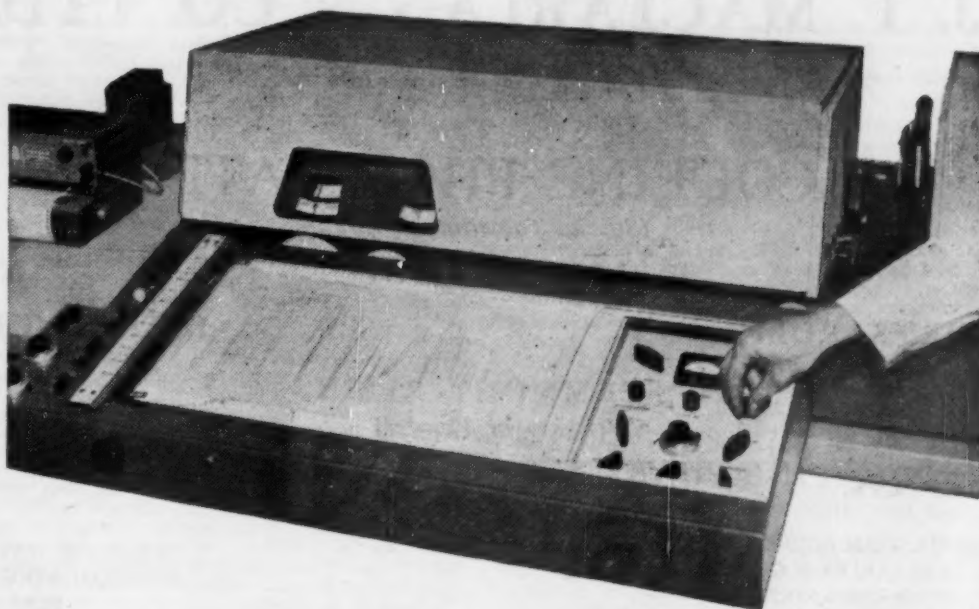
**Registration of Students for 1960.**—Registration of the following students for 1960 was approved, subject to Dr. Burgin sighting their matriculation certificates of separate passes: Rowland Edmund Hill, John William Hardman, Awtar Singh, Thomas Patrick Mitchell, Peter Milton Edwards, David Ian Saville, Elizabeth Margaret Gibson, Penelope Westerman.

**Financial.**—Accounts totalling £207/18/1 were passed for payment.

**Victorian College of Pharmacy.**—A letter was received from the Pharmacy Board of Victoria notifying the intention to hold a meeting of Board members on March 30, following the opening of the College. The Registrar was directed to advise that Mr. B. L. Ralph would be able to attend.

**Time Limit on Examinations.**—A recommendation from the Head of the Department of Pharmacy that tuition at the College for old courses cease in November 1962 and that examinations in these courses be held until February 1964 was approved.

**Pharmacy Act—No. 43 1959 Requirements Sections 41-44.**—The Registrar was directed to proceed to have the necessary registers and annual certificates printed.



## *Our detective gets no salary*



Our detective puts Sherlock in the shade. He solves cases in seconds, never missing a clue. On call night and day, he attends endless identification parades, yet never receives a penny for his services.

This hard-working super sleuth is the infra-red spectrophotometer used in our laboratories. One of its jobs is quality control analysis, identifying and measuring every component in a product at all stages of manufacture.

The spectrophotometer's efficiency, accuracy and speed in analyses are

particularly valuable in helping us to maintain the highest quality in our products.

But this is only part of the instrument's work. Together with the gas chromatograph and other advanced electronic equipment, it is used in our ceaseless research programme.

Never satisfied with present standards, we strive all the time towards perfection.

Up-to-date instruments, such as the infra-red spectrophotometer, help us in the continual advancement of product standards.

### **C.S.R. CHEMICALS PTY. LTD.**

Sydney • Melbourne • Adelaide • Brisbane

MANUFACTURERS OF INDUSTRIAL AND FINE CHEMICALS

**J. F. MACFARLAN & CO. LTD.**

ESTABLISHED 1780

**CODEINE PHOSPHATE**

*(Special Tableting Form)*

**ICHTHAMMOL**

**CHRYSAROBIN**

**DITHRANOL**

**SCAMMONY RESIN**

*(Lump or Powder)*

**FINE PHARMACEUTICAL CHEMICALS**

AUSTRALIAN AGENT:

H. BLEAKLEY & CO. (1910) PTY. LTD.,

397-399 KENT STREET,

SYDNEY, N.S.W.

8 ELSTREE WAY,

BOREHAM WOOD,

HERTS.

**Chemists...**

You are assured of a complete  
competent Service from **ROCKE'S**

*Their 89 years' experience is at your service. See them at any time regarding relieving  
work, purchasing an established business or opening a new pharmacy.*

**ROCKE TOMPSITT & CO. LTD.**

1877-1959



292 FLINDERS STREET, MELBOURNE C. 1. 620271



## TASMANIA—Continued

The fee for annual certificates and registration was fixed at £5/5/- and the Registrar was directed to bring about the necessary regulation.

**Pharmacy (Medicines and Drugs) List 1960.**—The Registrar advised that four copies of the above list had been received from the Parliamentary Draftsman, and had been made by Mr. Stephens, Mr. Smith, Mr. Lee and himself, dating them January 14, 1960, the date of the final list.

The above action was approved.

The Registrar further advised that the list would cease to have effect on December 23, 1961.

**Uniform Pesticides Regulations.**—This matter was deferred to the next meeting of the Board.

**Fluents.**—The Registrar stated that Mr. Stephens could find no regulations under the Foods and Drugs Act which required directions to be directly attached to the bottle.

The Registrar was directed to advise the Director of Public Health that, whilst the meeting considered that these instructions should be printed on the label, under present regulations the Board cannot enforce this.

**Tussils.**—The meeting was advised that these fell under the control of regulation 9 1 (x).—The Registrar was directed to advise that the product was completely controlled, but that a new series of schedules under the Poisons Act 1916 was being prepared that might alter the position and request that they give the actual percentage of Dextromethorphan.

**Carbasone.**—Advice as to the control of a new Veterinary product containing Carbasone was received from Holdenson & Nielson Vet-Supplies Ltd.—The Registrar was directed to advise the requirements of Section 17.

**Dangerous Drugs Act—Regulations.**—Mr. Lee reported that he and the Registrar had gone through these regulations with Dr. McIntyre, Chief Medical Officer. Mr. Lee stated that pharmacists will be required to keep a dangerous drugs register, all supplies will be through pharmacists on prescription, and further that when the regulations were nearing completion a joint meeting would be called to discuss them.

**Uniform Poisons Schedules.**—Mr. Lee, on behalf of the committee investigating the Uniform Poisons Schedules, reported that the committee's recommendation was that the eight schedules be forwarded to the Health Department requesting that they investigate the possibility of incorporating these into the Poisons Act 1916, or whether a new Act would be required to adopt them, and ask for a conference between this Board and their Department and the Parliamentary Draftsman's Department.—This recommendation was approved by the Board.

**Examination Committee.**—The Registrar reported that advice was received from the Pharmacy Department that Mr. Shirrefs would be in Hobart in late October.—It was resolved that Mr. B. J. Shirrefs be reappointed to the Examination Committee.

**Meeting Night.**—The meeting resolved that the next meeting of the Board be held on April 11 and that a recommendation be put to the next meeting for a permanent meeting night on the second Monday in each month.

The meeting closed at 10.30 p.m.

### PHARMACEUTICAL SOCIETY

#### Annual Meeting

The Annual General Meeting was held at the Secretary's residence, 53 Mortimer Avenue, New Town, Hobart, on March 3, 1960, at 8 p.m.

**Present.**—Mr. L. J. McLeod (Chairman), Miss E. M. Hurst, Miss M. E. Andrews, Messrs. C. B. Dillon, C. A. Robertson, V. R. Benes, J. K. Waring, E. H. Shield,

G. M. Fleming, A. F. Neville, A. G. Crane and the Secretary.

The notice convening the meeting was read by the Secretary.

The minutes of the previous Annual General Meeting, held on February 26, 1959, were read and confirmed.

**Annual Report.**—The Annual Report having been circulated, was taken as read.

The Chairman, in moving the adoption of the Annual Report, referred to the type of evening which most appealed to members as the Post Graduate or After Qualifying educational lectures, the most well received during the year being those by Dr. Polya and Dr. Bruce McDonald.

He referred to the advances being made in the education of pharmacists in Tasmania, and mentioned that they were hoping to have Professor Shaw, of the University of Melbourne, to deliver a lecture during 1960. He expressed appreciation for the support which had been given by members of the Council throughout the year.

Mr. Robertson, in seconding the motion for the adoption of the Annual Report, paid tribute to the work of the President and Secretary. He expressed deep regret at the death of their esteemed member, Mr. L. W. Palfreyman, who would be missed from their gatherings.

He stressed that if they were to have lecturers such as Professor Shaw it was essential that they have full attendance at such meetings.

Mr. Shield mentioned that in Tasmania wages paid to apprentices and unqualified assistants were the highest in Australia. He attributed this to the virile activities of the Students' Association, and expressed the hope that such students would continue their work with the Society.

The motion for the adoption of the Annual Report was carried unanimously.

**Financial.**—Mr. Shield, in moving the adoption of the Financial Report, said that statements presented had one main feature, namely, the surplus of £269, which was the result of the increased subscriptions. It placed the Society in a very satisfactory position for future activities.

Following the death of their Honorary Auditor, Mr. G. Clarke had taken over the audit and had done a most satisfactory job.

Miss Andrews stated that it gave her much pleasure to second such a satisfactory report, and she thanked Mr. Shield for his attention to the duties of Treasurer.

The financial report was adopted.

**Election.**—As no additional nominations had been received, the President declared Messrs. W. G. Webb, E. H. Shield and C. P. Roots elected for the ensuing three years.

**Honorary Auditor.**—The President stated that after so many years with Mr. Palfreyman as Auditor, it now became necessary, because of Mr. Palfreyman's death, to appoint a new Auditor. On the motion of Mr. Fleming, seconded by Mr. Robertson, Mr. G. Clarke was appointed Honorary Auditor.

The meeting closed at 8.45 p.m. and a general discussion ensued, followed by supper.

#### COUNCIL MEETING

The Council of the Pharmaceutical Society of Tasmania met at 85 Elizabeth Street, Hobart, on March 14, at 6.15 p.m.

**Present.**—Mr. L. J. McLeod (Chairman), Miss M. Purdon, Messrs. E. H. Shield, C. A. Robertson, W. G. Webb, J. K. Bester and the Secretary.

**A  
well advertised  
profit earner  
BEX**

A good profit margin and sound merchandise make Bex a good retail line to handle. Frequent repeats and turn-over make a limited investment yield maximum dividends.

Consumer preference based on satisfaction have made Bex the most asked for pain reliever in the Commonwealth. The demand for Bex is created before you stock it, and new demand is being created the year round with National Advertising on a large scale in the press and over the air.

Display Bex prominently and get your full share of the Bex business.

**BEX Powders &  
Tablets**



**TASMANIA—Continued**

**Northern Council.**—Advice was received from Mr. A. G. Mayhead that he was willing to accept the position on the Council, filling the Northern vacancy. Members were very pleased to hear this and felt that with the two representatives in the North more activity could be expected in the Society.

The Secretary was asked to suggest to them that a combined Society-Guild evening be organised in the North on similar lines to that being held in the South.

**Social Evening.**—The Secretary was asked to discuss the menu, etc., for this evening with the President of the Guild and to make final arrangements for the dinner.

**Election of Office-Bearers**

**President:** Mr. McLeod thanked members of the Council for their co-operation given during his term as President and stated that he was not seeking re-election for the next year. He nominated Mr. C. A. Robertson, who was seconded by Mr. W. G. Webb, and Mr. Robertson was elected unanimously.

**Vice-Presidents:** Mr. L. J. McLeod and Mr. C. P. Roots.

**Treasurer:** Mr. J. K. Bester.

**Liaison Committee Representatives:** Mr. W. G. Webb and Mr. C. A. Robertson.

**Secretary:** Mr. D. W. Tapping.

**Women Pharmacists' Association.**—A letter was received from this Association stating that they would be sending two representatives to the Perth Conference and seeking some financial assistance for this purpose.

After discussing our own commitments the meeting decided that further consideration of this matter would be given at the next meeting.

**P.A.A. Conference Finance Committee.**—Details of proposals made at the general discussion after the Annual Meeting were outlined. These included the setting up of a joint committee between Society, Guild and Women Pharmacists' Association to consider raising funds for the Conference to be held in Tasmania. Miss M. Purdon and Mr. J. K. Bester were appointed our representatives.

It was suggested that a meeting of this Committee should be held on March 29.

**General Meeting.**—Members decided, in view of the Social Evening to be held immediately after Easter, that the next General Meeting should be held in May.

The meeting closed at 7 p.m.

**THE GUILD**

**General  
Meeting**

A General Meeting of members of the Tasmanian Branch of the Guild was held at Y.M.C.A. Rooms, Hobart, on February 18, at 8 p.m.

**Present.**—Mr. G. M. Fleming (Chairman), Mrs. E. A. Ross, Mrs. M. Hill, Miss N. L. Gibson, Miss E. R. Hurst, Miss D. M. Croft, and Miss M. L. Williams; Messrs. A. G. Gould, D. R. Crisp, J. H. Gould, C. A. Robertson, W. J. Trevaskis, E. Reynolds, A. K. Smith, I. B. McLeod, A. Pennell, W. C. Webb, K. H. Jenkins, O. K. Colman, C. B. Dillon, A. G. Crane, I. R. McIntosh, T. A. Stephens, H. M. Rowe, F. J. Williams, W. Widdowson, F. J. Fiddy, L. H. Gluskie, J. R. Prowse, E. H. Shield, E. J. Bourke and the Secretary.

**Fighting Fund.**—The President reported that 62 per cent. of Tasmanian members had now contributed to

this fund, and he hoped that the remaining members would contribute, particularly as they now know the considerable work that has to be done by Federal Officers on their behalf.

**New N.H.S. Bill.**—The Chairman stated that when Mr. Holt first introduced this Bill it was a terrific shock to pharmacy, and the Guild immediately sprang into action in an endeavour to get better terms for pharmacy. A terrific amount of work had been carried out, and three Federal Council meetings had been called at which this Branch was represented by Mr. Shield and Mr. Copeland.

Mr. Shield referred to these momentous happenings in pharmacy which had finally resulted in the details forwarded to every member this week.

He then explained some of the details appearing in the new book, and members asked a number of questions in regard to the operation of the scheme. Mr. Shield stated that the Government was going to review rates of payment in relation to wages each year.

He stated that all members of official pharmacy now agreed that the scheme is satisfactory, and it is up to each one to study all the details and to become fully conversant with its operation.

He referred to the considerable amount of work which Mr. Thomas and Mr. Thompson had done in preparing figures and consulting the Government representatives, and stated that members should be particularly grateful to them for their amazing effort.

Mr. Robertson moved a vote of thanks to our Federal Council members, particularly mentioning Mr. Thomas and Mr. Thompson and our Federal President. The motion was carried unanimously.

The Chairman stated he felt that we must all support the scheme and vote in the affirmative on the plebiscite.

Mr. Prowse asked if the State Branch Committee recommended voting "Yes."

The Chairman advised that the State Branch Committee had not met since the final meeting of Federal Council, but the Council unanimously recommend the scheme.

Mr. Gluskie considered that as the meeting had agreed unanimously to a vote of thanks to their negotiators it was an indication that they should all vote in the affirmative.

In reply to the question, the Chairman advised that a circular would be sent out either by the Health Department or the Guild advising some amendments and also regarding current repeat authorisations.

Mr. I. B. McLeod suggested that it would be a desirable time to call a meeting of the Medico Pharmaceutical Liaison Committee to discuss points regarding the working of the scheme, and to ask doctors to advise patients that the list is not unlimited and certain prescriptions will cost more than 5/- to the patient.

It was agreed that we should endeavour to arrange such a meeting.

**Price Cutting.**—It was reported that a pharmacist in Hobart was continuously cutting prices on various lines, the last one reported being True Flo Bottles for 2/-.

Another member reported that a pharmacist had advised him they were giving a discount to employees of the firm in which their pharmacy was a department. It was agreed to seek the Federal Secretary's advice on this matter.

**Pharmacy Act.**—Members asked when the lists as provided under the amendment to the Pharmacy Act would be published, showing what lines grocers were permitted to carry.

It was reported that this list was in the hands of the Minister for Health, and when approved it would be gazetted and later circulated to members by the Guild.

The meeting closed at 9.45 p.m.

## "SURE - FIT"

FINGER STALLS—clip on

FINGER STALLS—tie on

POULTICE STALLS—surgical laced

WRIST GUARDS

*All attractively carded*

*Pharmacists: Enquire from your  
regular Wholesaler for  
these lines*

**DORMAY CO. PTY. LIMITED**

46 Alfred St., Milsons Pt., N.S.W. XB 8203.

## P. D. L.

**Chemists' Indemnity Insurance**

**covers up to**

**£25,000**

**available**

**Details of other general insurances  
available on request to:**

**PHARMACEUTICAL DEFENCE LIMITED**

**HEAD OFFICE:** Fourth Floor, "Guild House"  
18-22 Saint Francis Street, Melbourne. Phone: FB 3774.  
(General Secretary, T. G. Allen.)

**N.S.W.:** 53 Martin Place, Sydney.  
(Branch Secretary, C. Carlisle.)

**QUEENSLAND:** Drysdale's Chambers,  
4 Wickham Street, Brisbane.  
(Branch Secretary, Miss D. Brighthouse.)

**SOUTH AUSTRALIA:** Room No. 51 (Fifth Floor),  
Savings Bank Building, 25 Bank Street, Adelaide.  
(Branch Secretary, O. H. Walter.)

**WESTERN AUSTRALIA:** C/o Technical College,  
St. George's Terrace, Perth.  
(Branch Secretary, F. W. Avenell.)



# NEW SOUTH WALES

## PERSONAL and GENERAL

## State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in N.S.W. Phone BU 3092.

*"Laws are like cobwebs, which may catch small flies, but let wasps and hornets break through."—Swift.*

**Mr. A. E. Dawe**, formerly of Narrandera, has purchased Cleary's Pharmacy at 217 Kissing Point Road, Turramurra.

**Mr. Bernard Riley** has opened a pharmacy at 19b Lawrence Street, Harbord.

**Mr. K. T. O'Rourke** has opened a pharmacy in Hudson Parade, Birrong.

**Mr. Julius M. Opit**, B.Sc., has purchased Druce's Pharmacy, 37 East Parade, Sutherland.

**Mr. C. J. Hearne** has purchased Sneyd's Pharmacy, 244a Parramatta Road, Ashfield.

**Mr. J. S. Gurr** has purchased O'Rourke's Pharmacy, 491 Canterbury Road, Campsie.

### WITHDRAWAL OF DRUG AUTHORITY

Notification from Chief Secretary's Department, Sydney, dated March 4, 1960, under the Police Offences (Amendment) Act 1908, as amended:—

It is hereby notified for general information that in pursuance of the provisions of Regulation 25 of the Police Offences (Amendment) Act 1908, as amended, the authority of **Dr. William Hubbard Fee** to procure and be in possession of drugs to which the said Act applies for the purpose of his profession and to issue prescriptions for such drugs, is withdrawn as on and from the 21st March, 1960 (A.59-188).  
C. A. KELLY.

### ASSOCIATION OF CHEMIST BOWLERS

The annual competition between the above Association and the Doctors' Bowling Group for the Kirby Shield took place at the Coogee Bowling Club on March 10. Once again the match, consisting of 24 players to each side, developed into an interesting and tense battle, with the Chemists ultimately winning by the narrow margin of 145 to 141 points.

Trophy winners were as follows:—

**Chemists:** (D.H.A. Trophies) H. Croker, K. Thomas, C. Uren and L. Irving; (Wholesale Drug Co. Trophies) R. Gostelow, A. Jones, R. Crawford and K. Jordon.

**Doctors:** (Park Davis Trophies) A. Owen, M. Meacle, R. Campbell and R. White; (Winthrop Trophies) H. Porter, D. Caplan, E. Meyers and M. Aarons.

### MEDICAL PRACTITIONER DEREGISTERED

Dr. Grace Alison McCormack appeared before a Medical Disciplinary Tribunal on March 12 and pleaded guilty to drug addiction and infamous professional conduct.

Dr. McCormack did not attend, but was represented by Mr. J. D. Maddocks, who entered the plea of guilty on her behalf.

He said his client had come to the end of the line with drug addiction, but deregistration would end any hope she might have of rehabilitating herself. The Tribunal was told that Dr. McCormack had admitted

to a member of the Police Drug Squad that she had been addicted to morphia for some years and had been convicted of breaches of the drug laws in England and Victoria.

### 59TH ANNUAL REPORT OF THE PHARMACY BOARD OF NEW SOUTH WALES

The 59th Annual Report of the Pharmacy Board of New South Wales has been issued. This report contains the usual statistical information concerning Board activities.

The very brief reference to the new Pharmacy Course commencing in 1960 indicates that the Board did not approve of any fresh apprenticeships after June 12, 1959, and that entry to the Pharmacy Course will in future be through a degree course. Statistics are given of entries and passes at the Final Examinations. Four examinations were held between February 1958 and August 1959. There was a total of 990 entries for these examinations and of the candidates 440 passed.

Details of fatal poisonings are given. Forty-eight deaths were attributed to poisoning by drugs available only on a prescription, and of these barbiturates accounted for 29; Glutethimide 1; Carbital 7; Allyliso-propylacetylurea 1. Poisons intended for agricultural or fumigating uses accounted for 26 deaths and other poisons for a further 22.

### DEPARTMENT OF PHARMACY

#### University of Sydney

Barry T. Brown, M.Sc., M.P.S., has been awarded the degree of Doctor of Philosophy for a thesis entitled "Constitution-Activity Relationships and Metabolic Studies in the Digitalis Glycosides."

Dr. Brown graduated B.Sc. with Honours in 1954 and M.Sc. in 1955, and also qualified as a pharmacist, being apprenticed to his father, Mr. C. E. Brown, of Burwood. After a year's research work on a National Health and Medical Research Scholarship, he was appointed to the lecturing staff of the Department of Pharmacy and subsequently spent a year in New York at the Sloan-Kettering Institute for Cancer Research, having been awarded a Pfeiffer Trust Fellowship. He returned to the Department in 1958 and is now a lecturer on the staff.

### SYDNEY UNIVERSITY DEFERRED EXAMINATION RESULTS

The University of Sydney has announced the following results of deferred examination for Pharmacy II:—

#### Department of Pharmacy: Second Year

Pass: P. A. Abbott, R. P. Aggs, J. S. Allen, P. A. Asprey, R. A. Balnaves, G. S. Banbury, Beverley Barry, S. M. Bashir, J. D. Bishop, P. R. Bloomfield, W. N. G. Bookallil, K. R. Bourke, J. M. Brosnan, R. J. Cairns, Pamela Campbell-Jones, R. F. Daly, R. L. Deasey, Louise M. Doctors, P. W. Dodds, P. T. English, Laurice G. Evans, D. W. Ford, Dzidra L. Freimanis, L. P. Furnell, O. C. Graham, Heather M. Graham, P. Heath, N. Leon, Barbara Lindsay, P. M. McGirr, B. M. McPherson, W. H. Magill, Lois N. Manson, J. S. Mercer, G. C. J. Miley, R. N. Moore, P. M. Murray, N. F. Newton, Bernadette O'Brien, P. E. Payne, R. A. Potter, Suzanne J. Robertson, Tamara Satrapinsky, D. R. Schall, Janice Scott, P. L. A. Simon, B. J. Sinclair, B. G. Smith, R. W. Smith, A. P. Staunton, D. J. Underwood, Jill H. Wilcox, A. G. Wilson.

**ANNOUNCING A NEW P.A.T.A. CHEMISTS ONLY LINE!**



PRICE TO  
THE PUBLIC

7 OZS. 6/-

14 OZS. 9/6

42 OZS. 25/-

# Fortagen CHOCOLATE VITAMIN TONIC FOOD

Containing eight essential vitamins

Fortagen is the latest achievement of the world-famous laboratories of A. Wander Ltd., a name which has been linked with research in dietetics for more than 50 years. In Fortagen, the Wander organisation has developed a highly nutritional chocolate drink containing malt, milk, eggs and cereal, fortified with adequate amounts of eight essential vitamins. Fortagen provides 50% mark up on 7 and 14 oz. sizes and 40.2% on 42 oz.

**Vitamin Contents**—Each 10 grams (2 teaspoonfuls) contains not less than:

Vitamin A	3000 int. units
Vitamin B <sub>1</sub>	0.9 mg.
Vitamin B <sub>2</sub>	1.8 mg.
Vitamin B <sub>6</sub>	1.5 mg.
Vitamin B <sub>12</sub>	2 mcg.
Vitamin C	30 mg.
Vitamin D	400 int. units
Niacin	12 mg.

**Fortagen** will be promoted nationally and is listed as a **P.A.T.A. CHEMISTS ONLY line**

Sole Australian Distributors:

Commonwealth and Dominion Agencies Pty. Ltd., Kingsgrove, N.S.W. (Branches in all States)

## Your customers know...

that Cuticura Ointment is the best possible all-round stand-by for cuts and grazes, minor burns, all kinds of spots and skin blemishes. Simply remind them—by display and recommendation—that soothing antiseptic Cuticura Ointment—and fragrant, mildly medicated Cuticura Soap—should always be on the bathroom shelf. Make sure your stocks are ready for the demand.

## Cuticura Ointment

and  
CUTICURA SOAP

For information on these popular Preparations for care of the skin, please write or telephone to:

R. TOWNS & CO. (PTY.) LTD., 31 REIBY PLACE, SYDNEY, N.S.W.

Tel.: BU 3041-2

## TWO Designs in High Grade

**Greg-Steel**  
**Spatulas**

Blade Sizes:  
3½ in.—12 in. long



MIX Ointments  
and make Pills  
quicker with either  
of these strong  
flexible Spatulas  
manufactured from  
finest Carbon and  
Stainless Steel  
Firm grip handles.

Special ointment Spatulas — 3 in., 4 in., and 5 in. blade.  
Pill Spatulas — 5 in. blade.

Made in Australia by

**GREGORY STEEL PRODUCTS PTY. LTD.**

25 JOHNSTON STREET, COLLINGWOOD

Supplies obtainable from all leading Druggist Supply Houses

## RING 61-8821 (6 Lines)

- SERA and VACCINES
- ETHICALS
- CHEMISTS SUNDRIES
- Distributors for LUITPOLD WERKE  
(Clauden Hirudoid Combizym  
Monotrean Paspot)

*William Pearce and Co. Pty. Ltd.*

Pharmaceutical Warehousemen

149 CASTLEREAGH STREET, SYDNEY.



## NEW SOUTH WALES—Continued

### PARATHION POISONINGS

Two poisonings by Parathion were reported during the month.

A C.S.I.R.O. research worker, James Corbin, 26, of Mascot, was admitted to St. Vincent's Hospital for examination. Departmental experts believe that he could have absorbed poison through the skin while working at a project at Griffith. He had been conducting a survey there into diseases of stone fruit and it is thought that he may have absorbed poison through the skin. Parathion poisons were used in crop spraying at the project where he was working.

The second report referred to the death of an infant at Greenacres on February 29.

Another report concerned a baby boy of 20 months who died during the month. The report stated that this child was brought back to life after his heart stopped, but he later succumbed after showing a temporary improvement.

### FUNCTION TO MARK THE COMMENCEMENT OF THE NEW PHARMACY COURSE

A function was held in the Senate Room, University of Sydney, on March 22, at 6.30 p.m., to mark the commencement of the new Pharmacy Course in New South Wales.

Present were members of the Council of the Pharmaceutical Society of New South Wales, members of the State Branch Committee of the Guild, representatives of firms who had donated funds towards the equipping of the Pharmacy Laboratories, and members of the Pharmaceutical Society of New South Wales.

Also present were members of the Senate, representatives of the teaching staff and the examiners.

Proceedings were opened by the Chancellor, Sir Charles Blackburn, who said: "This is a very memorable occasion indeed, the celebration of the opening of the School of Pharmacy. It has been quite a long struggle. In 1952, the State Government passed the Bill for a new course of training—a three-year course ending in a degree.

"It was difficult to find accommodation at the University to accommodate the degree course and hence its introduction was delayed. The delay was so long that perhaps many may have felt we did not want to co-operate. But this was not so. There was no possibility of finding room to accommodate the new course. We had to wait until now, until the new chemistry building had been finished. We spent over £20,000 on the old Chemistry School to accommodate the new Pharmacy Course. Now that is completed, and we are here tonight to celebrate an important occasion. Pharmacy is one of the oldest professions. It has been going on as long as there have been human beings, who sought to cure their ills by remedies from plants—nearly always wrongly, because they really had nothing to cure. Today the power of suggestion is very important. Many remedies have no value apart from suggestion. I am happy to declare the Pharmacy Department open." (Applause.)

Mr. G. R. Cameron, Under Secretary, Department of Health, representing the Hon. the Minister for Health, then spoke, apologising for the absence of the Minister, who had two Bills coming on, which he had to pilot through the House. Mr. Cameron said: "As the Chancellor told you, the Government passed a Bill in 1952 to abolish the old apprenticeship system, and substitute the full degree course.

"The Government made a substantial grant, which permitted accommodation to be arranged for the Pharmacy Course. When the Degree Course was first mooted it was opposed in some quarters, because it was thought that holders of the degree would not make practical pharmacists.

"Enrolments in the new course now total 200. It is a real forward step. Queensland has followed New South Wales, and a new college will be opened in Melbourne in a few days' time. The building here, which has been adapted, provides more congenial conditions.

"The Department looks forward with confidence to the graduates who will have done the new course. I congratulate all concerned with the administration of the Pharmacy Department, and commend their efforts over the years." (Applause.)

### President's Address

At this stage the President of the Pharmaceutical Society of New South Wales, Mr. Aubrey Winterton, addressed the assemblage. He said:

"Since the turn of the century the training of pharmaceutical chemists has been the responsibility of the University of Sydney.

"I do not propose to outline the genesis and vicissitudes of pharmacy training over the last 50 years; sufficient to say pharmacy has progressed from the days where manipulative skill was a *sine qua non*, until today, when a complete knowledge of pharmaceuticals, and not so much manual dexterity, is necessary. However, we must not overlook the devoted work performed by our teachers, lecturers and examiners, who have brought us to 'man's estate'—I pay a grateful tribute to them for their dedicated services.

"With the inexorable change in circumstances grew an ever-increasing demand for an improved course of training. Here I must pay a tribute to the members of Senate, who in 1949 approved a new course.

"In 1952 Parliament passed legislation amending the Pharmacy Act to make the new course possible. In this regard I would like to mention the late James McGirr (himself a pharmacist), who supported the new legislation to the hilt.

"We have with us the representative of the Minister of Health, Mr. Cameron (applause) and through him I must thank the Minister and his Government for making the sum of £500,000 available to the University, with the stipulation that in expending this money the requirements of Pharmacy should be kept in mind.

"Much construction work has been carried out, and we now have suitable accommodation for students commencing the new course. Members of the Society have contributed over £15,000 towards providing equipment for the new laboratories. Our appreciation is extended to the pharmaceutical firms (represented here today) which have supplemented and augmented our effort to the tune of nearly £25,000, making £40,000 available for equipping the new pharmacy laboratories.

"In conclusion, we now have here at the University of Sydney the largest Pharmacy School in the Southern Hemisphere. It is the outcome of the earnest labours of the many. Their modicum of success bids us look to the future in confidence and with the conviction that greater success await as the years unfold."

The Vice-Chancellor, Professor Roberts, then said in his concluding remarks: "I am just winding up proceedings. Pharmacy in this University has had a long history. I remember when the Department was Miss Large, Miss Large, and Miss Large! I do not think any Act took so long to proclaim as the amendment to the Pharmacy Act, and I had a hand in the delay. We had great trouble in getting the money; but all worked out amicably and the Act was proclaimed.

"We have today the Degree Course, and it is a great day for Pharmacy; but you must remember that there are longer courses overseas.

"The enrolments are more than the Under Secretary told you. I have later figures than he. I am convinced it is a great day for Pharmacy in this country. Pharmacy has always been the Cinderella, but that general attitude of mind will go. We are grateful to the firms who spontaneously raised sums for the new course. Coming back to what the Chancellor said, it is a great day for you and for medicine in this State." (Applause.)

This concluded the proceedings.



## TIERED GLASS DISPLAY UNITS

All prices and designs

Modern, for appealing presentation of special packs, etc.



### VERSATILE DUMP BASKET

Size 2 ft. 11 in. by 18 in., only 38/9 plus 5/3 for divisions. Other sizes available.

THREE-DIMENSIONAL  
PLASTIC SIGNS  
from 1/1 per letter.  
For use around  
your facis.

Registered name  
sign as shown—  
Price £2/5/8, complete with removable feet.

Business hours sign  
as shown—  
Price £4/5/1, complete with removable feet.



PRICE BEADING. In all widths, in five beautiful colours, 1/2 in. 40/- per 100 ft. Gold and black aluminium available.  
Smart Price Tickets, 2/3 per doz. (incl. Sales Tax), cut ready for use.

All prices plus freight and exchange

# MEARES BROS. PTY. LTD.

AUSTRALIA'S SHOP DISPLAY EXPERTS

229 Castlereagh Street, SYDNEY - - - - BM 3464  
(3 doors from Fire Station)  
497-499 Latrobe Street, MELBOURNE - - - - 67 4717  
144-148 Edward Street, BRISBANE - - - - 2 3555

## NEW SOUTH WALES—Continued

### PHARMACEUTICAL SOCIETY

### Council Meeting

The Council of the Pharmaceutical Society of New South Wales met at Science House, 157 Gloucester Street, Sydney, on March 1 at 7.45 p.m.

**Present:** Councillors A. F. Winterton (Chairman), E. G. Hall, K. A. Cartwright, Mavis Sweeney, H. W. Read, W. R. Cutler, S. E. Wright, S. Palfreyman, J. F. Plunkett and K. H. Powell.

**Enrolment in the New Pharmacy Course.**—The Secretary said he had been advised that preliminary enrolment totalled 187. Final details could be obtained later in the month.

**Complimentary Dinner, Professor Wright.**—The function was voted a complete success.

**Equipping of Pharmacy Laboratories.**—Letters from Pfizer Corporation, enclosing final instalment towards equipping of laboratories (cheque, £200), and Geigy Pharmaceutical, enclosing a further donation of £150 towards the equipping of laboratories.—The Secretary said the cheques had been posted on to the Registrar, Miss Telfer.

The 1960 proceeds of call to date amounted to £1880/11/-.

**Function to Mark Commencement of New Pharmacy Course.**—It was decided to invite all the members of the State Branch Committee to the function to be held on March 22, and to advise Miss Telfer accordingly.

**Annual General Meeting.**—Councillor Wright said that catering arrangements had been made for the annual meeting, to be held on March 30 at the Pharmacy School, Sydney University. The Department would be open for inspection.

**Presentation of Certificates.**—Concerning the first ceremony to be held at the Great Hall on April 28, commencing at 8 p.m., Councillor Wright said he would arrange for two S.U.P.A. members to act as ushers, to assemble ticket holders in the third, fourth and fifth rows of seats set apart, so that graduates might easily proceed to the dais when their names were called.

Councillor Wright asked that a girl from the Society's office should assist the ladies with the catering and also hand out the Code of Ethics to recipients of diplomas.

**Country Week, May 23 to 26.**—Further delegates were noted, namely, Mr. W. H. Campbell, of Dubbo, and Mr. J. R. Lane, of South Grafton. Total, 27.

Mr. Winterton said that Mr. Fegent could not act as transport officer. It was decided to appoint Mr. Plunkett as transport officer in Mr. Fegent's place.

**Accommodation Officer:** Mr. Palfreyman was then appointed accommodation officer in place of Mr. Plunkett.

**Annual Dinner, Thursday, June 16.**—It was decided to obtain from the Hotel Australia quotations for a dinner and for the supply of liquor to the diners.

A cocktail party, arranged by Johnson & Johnson Pty. Ltd. on February 5 was stated to have been a most enjoyable function.

**Lectures, 1960.**—It was agreed that Councillor Wright should provide information as to proposed lectures for announcement by Mr. Plunkett at the annual general meeting.

**Pharmacy Students—Contact With Society.**—After some discussion it was agreed that an employment committee should be appointed to look into the matter of employment of students during vacations.—Matter to be placed on the agenda for next meeting.

**Official Opening of New Victorian War Memorial College of Pharmacy.**—Mr. Winterton said that he had been informed that Professor Wright had been invited to the ceremony to be held on March 29; and that Mr. Hill, of South Australia, wanted to discuss with the Professor certain details of Pharmacy Education in N.S.W.

It was resolved that N.S.W. be represented by Professor Wright, in addition to the President, Mr. Winterton.

**Advertisement.**—Dealing with an advertisement in a suburban newspaper, containing the words, "We now have refrigeration to keep all drugs fresh," the Secretary said a letter had been sent to the chemist concerned, but no reply had yet been received.

**Correspondence.**—From the official Secretary to the Governor-General, conveying His Excellency's thanks for Council's message of loyalty. The message has been conveyed to London for Her Majesty's pleasure.

From R.S.S.A.I.L.A. N.S.W. Chemists' Sub-Branch, notifying main office-bearers for 1960, and advising that at the Sub-Branch annual general meeting it was decided to convey to the Society the appreciation and thanks of the President and members for the use of the Society's rooms.

From Under Secretary, Chief Secretary's Department, advising withdrawal of authority of Dr. John Alfred Porter, of 740 Military Road, Mosman, to procure and be in possession of drugs to which the D.D. Act applies.

From Mr. N. McKenzie, Director, Social Science Research Council of Australia, attaching list of 18 questions to assist research in the part played by women in various professions in Australia.—Handed to Miss Sweeney for attention.

From Mr. K. Hassey, President, N.A.P.S.A., enclosing copy of minutes of annual Council meeting, held January 9, 1960.—Handed to Professor Wright for perusal.

From Mr. K. J. C. Johnson, Chairman, Institutional and Industrial Pharmacists' Group, submitting a further progress report on the activities of the Group.—Received.

From Mr. K. Attiwill, addressed to Mr. Winterton, conveying his adieu upon his appointment to deal with the problems of optometry.—Received.

**Queensland Pharmacy Act.**—It was reported that certain parts of the new Act were hard to interpret; sections dealing with reciprocity, for example.—It was decided to discuss this matter at next meeting.

**New Members Elected.**—Cecil Adair, Hurstville; (Mrs.) Noemi Loretta Aliprandi, Griffith; (Mrs.) Barbara Anne Campbell, Northwood; Patricia Campey, Eastwood; George Ross Cheesman, Queenscliff; Ivan Christopher Curotta, Bondi Junction; Anthony Thomas Hagley, Cremorne; (Miss) Toni Bernadette Hallett, Dover Heights; Maxwell Grant Hicks, Dee Why; Margaret Annie Lindsay, Vacluse; Pamela Anne Matthews, Randwick; Terence James McCarthy, Lane Cove; Heather Elizabeth McLean, Northbridge; Terence Arthur Moloney, Balgowlah; Helen Mary Purcell, Dulwich Hill; Bernard Riley, Avalon; Alexander John Scardon, Corrimal; Robyn Christine Thompson, Cronulla; John Michael Tindale, Beecroft; Dawn Heather Watt, Lane Cove, and Pamela Janet Westcott, Kotara.

**Reinstatement.**—Kenneth Leighton Meyer, Yagoona.

**Associate Members.**—Russell Peter Aggs, Betty May Connell, Allan Ford, Margot Diana Woodward.

**Cost of Digest.**—Mr. Read drew attention to the cost of the Digest, following additional postal charges.

It was decided to make an attempt to send out other documents with the Digests at certain times of the year, in order to cut down the overall postage.

The meeting terminated at 10.30 p.m.

## THE GUILD

**S.B.C.  
Meeting**

The State Branch Committee of the New South Wales Branch of the Guild met at Science House, 157 Gloucester Street, Sydney, on March 10 at 8 p.m.

**Present.**—Messrs. L. W. Smith (Chairman), W. F. Pinerua, R. W. Feller, R. L. Frew, R. S. Leece, W. G. Sapsford, C. D. Bradford, P. R. Lipman, K. A. Cartwright and K. W. Jordan.

## Plastic Price Stripping



### For faster sales

With ¾ in. price stripping in White, Cream and Black.

Plastic price tickets in contrasting colours of BLACK and RED

### SPECIAL CHEMIST'S SET

complete with prices from ½d. to £1

Comprising 100 ft. ¾ in. plastic price stripping plus 50 dozen assorted plastic numbers and signs.

**NOTE OUR PRICE:** the lot £44.0d.

**COLOURED INSERT FOR ABOVE STRIPPING**  
At 25/- Per 100 ft. IN ALL COLOURS

Extra numbers always available, and may be bought separately . . . available from

### EZI-CHANGE SIGNS

3 SHACKEL AVENUE, GLADESVILLE, N.S.W.  
WX 3688, WX 4328

## SINCE 1951-



we have been specialising in pricing  
**NHS and PMS Scripts**

Post your Scripts with signed claim form  
**AND WE DO THE REST**

For further inquiries write to:

### CHEMISTS' ACCOUNT SERVICE

Room 416, 160 CASTLEREAGH ST., SYDNEY. MA 5138



# Silktex

an announcement

of importance to all chemists

Silktex Pty. Limited has been taken over by a new management and is now an entirely new business organisation quite separate from all earlier associations.

"Silktex" feminine napkins will continue to be manufactured to the same high standard and . . . the basic features of the product and its merchandising will not be changed.



Although certain alterations are contemplated in the running of the business, Silktex, as you have known it in the past, will still be available. Your top profit margin will be retained . . . the present popular form of packaging will remain unaltered and, most important of all . . . Silktex will still be sold only through chemists. Operating from new premises with a plant installation designed for maximum production, Silktex Pty. Limited can now offer chemists a continuity of supplies and service not previously possible.

*Silktex is a good line to sell as*

- It offers the best profit margin.
- Is of quality proven over 30 years of manufacturing.
- Has the most convenient wrapping . . . normal brown paper packets with easily removable end labels . . . no additional wrapping required.
- Is sold exclusively through chemists.

*All enquiries, orders, etc., should be addressed to*

## SILKTEX PTY. LIMITED

68 MAY STREET, ST. PETERS, N.S.W.

PHONE: LA 1975

## NEW SOUTH WALES—Continued

**Federal Delegate's Report.**—Mr. Smith said he had been in touch daily with the Federal President; a fact-finding mission had visited Canberra and a report would be made in due course.

It was reported there had been a ruling given at Canberra that all P.M.S. scripts should be marked "for a specified purpose," in addition to the pension number.

It was decided that discussion of N.H. matters should stand over until a special meeting to be held on March 15.

**Adjustment Sheet:** The Department should send back an adjustment sheet where the price had altered.

It was decided to inform members that the child's age was not now the responsibility of the pharmacist. The doctor should endorse the prescription "for a specified purpose." Where the doctor endorses a script for a specified purpose, this covers the child.

**Specific Directions—Packed Lines.**—Where the doctor writes a prescription with specific directions, the price should be worked out accordingly.

It was decided to use as an example paraffin not castor oil.

A Member: "In the children's section, the maximum quantity is 2 oz. If the doctor orders 6 oz., what do you do?"

Mr. Smith: "You can endorse the prescription '2 oz. supplied.'"

**Charge for N.H.S. Scripts 5/- and Under.**—5/- minimum charge (as per Federal Council decision) to be discussed at a special meeting to be held on March 15.

**Meeting of Metropolitan Zone Executives, March 17.**—Mr. Jordan said the new dispensing fees should be discussed at this meeting.

It was decided that the advertising project should be discussed, also price-cutting and trading hours.

**Non-Collection of the 5/- Surcharge.**—It was decided to put a stern warning in the "Guild Service Bulletin" that the surcharge must be collected.

**Guild Premises in Sydney.**—Mr. Smith said that the Q.C.'s opinion would be reduced to writing very soon.

**Merchandising and Publicity Project.**—Mr. Pinerua said the February-March promotion campaign was under way.

It was suggested that in future campaigns we should be stronger in our language to our own members when exhorting them to co-operate.

Mr. Pinerua said the campaign should be successful. It was being followed on with the Akta-Vite campaign by Nicholas, which should commingle with the delayed result of the Guild campaign.

Mr. Jordan said he had seen two advertisements only. Mr. Pinerua said there were not as many advertisements as in the Christmas campaign.

**Extension of P.A.T.A. Activities.**—To be dealt with at the special meeting on March 15.

**Ipana Contract.**—It was reported that this contract had been signed.

**Guild Wrapping Paper.**—Five hundred orders had now been placed by members of the Guild.

Mr. Jordan said that Mr. Frew should be congratulated on his handling of the Guild prestige wrapping paper.

**Fortagen (Commonwealth and Dominion Agencies).**—It was decided to acknowledge in the "Guild Service Bulletin" that this is a Chemist-Only P.A.T.A. line.

**Labels—Stick-on (Prices).**—Johnson & Johnson Pty. Ltd. was producing these labels.

**Social Welfare Department P.B. Scripts, Payment of 5/- Surcharge.**—It was stated the persons in receipt of these scripts were unemployables, who had no money and therefore could not pay the 5/- surcharge imposed by the Federal Government.

The Pricing Officer had been in contact with the Social Welfare Department on this matter.

It was decided to write to the Department, suggesting that it should issue a docket for 5/- in respect of each N.H.S. prescription issued for an unemployable person with no money.

**Pricing Sub-Committee.**—It was reported that the Pricing Sub-Committee would meet on March 12.

**Correspondence.**—Pharmaceutical Society of Victoria, inviting the State Branch to send a representative to the opening of the College of Pharmacy on March 29.—It was decided that the President, Mr. L. W. Smith, should attend.

Mr. H. Gilbert, D.H.A., thanking the Guild for their thought.

**Sub-Committee Reports.**—Mr. Jordan again referred to the circulation of Sub-Committee reports. This would obviate lengthy discussion at meetings, which could then be devoted to general business.

**New Members Elected.**—Messrs. John Frederick Gurr, Campsie; Charles John Hearne, Ashfield; Julius Marcus Opit, Sutherland; Kevin Peter O'Rourke, Birrong; Bernard Riley, Harbord.

**Reinstatement.**—Albert Edward Dawe, Turramurra. The meeting terminated at 11 p.m.

#### SPECIAL MEETING OF S.B.C.—MARCH 15

**Present.**—Messrs. L. W. Smith (Chairman), W. F. Pinerua, K. W. Jordan, R. W. Feller, K. E. Thomas, R. S. Leece, W. G. Sapsford, C. D. Bradford and K. A. Cartwright.

**Fact-Finding Mission—Visit to Canberra.**—It was reported the prime point to be discussed at Canberra was the method of determining when the large-pack rate applied to a chemist and when the standard-pack rate applied.

**Packed Lines.**—The second question concerned the packed lines. Taking castor oil as an example, this appeared under Item No. 138 at 3/3 for 8 fluid ounces. This is the price without directions. For lesser quantities (again without directions), the price is still 3/3. Two ounces without directions would still be 3/3.

However, if ordered with directions, the price would be eight-ninths of the list price, that is 2/11, plus the professional fee of 2/9, making a total of 5/8, which remained the price up to and including the maximum.

Regarding interpretation of the word "directions," this included anything ordered where specific directions were given, not M.D.U., *ut dictu* or N.D. For example, "apply to arm" would be a sufficient specific direction. Only listed brands of packed drugs could be legally supplied; but if no specific brand was stated then the chemist could use his own packed line if he had one. That is, he could dispense from his own stock.

**Drugs Not Priced in the Government List.**—These should be priced as in the Guild list.

**Proprietary Index.**—Cemalonal was listed, but this applied to the Amps. only. Codis Tabs. were listed in the Proprietary Index, but not in the list of benefits. However, the Department would pay 7/7 for 25.

A Member: "Is Agarol a benefit?"

Answer: "Yes, also Petrolagar."

**Charge for N.H.S. Scripts 5/- and Under: 5/-** Minimum Charge (as per Federal Council Decision).—It was noted the Federal Council had passed certain motions. A script treated professionally warranted the 5/- minimum.

After considerable discussion it was moved and seconded that the minimum price for a prescription be 5/-.—Carried.

**Correspondence.**—Mr. N. Gledhill, Hawkesbury Zone, submitting points for discussion at the zone executive meeting.

Mr. C. L. McDonald, Charles McDonald Pty. Ltd., enclosing circular, "Substitution Warning."

Mr. K. J. Fay, Auburn, submitting questions for discussions at zone executive meeting.

The meeting terminated at 11 p.m.

## MEDICAL and PHARMACEUTICAL REPRESENTATIVES

D.C.B. (A) L., a wholly-owned subsidiary of the world-renowned British organisation, The Distillers Company Limited, is now establishing its own pharmaceutical sales organisation in Australia.

A training course for medical and pharmaceutical representatives will be held in Sydney in June. A number of territories in all States of the Commonwealth are available, and applications are invited from men up to the age of 45 years, with appropriate experience. A Pharmaceutical qualification is desirable.

Salary up to £1,500, according to experience; a car will be provided and all legitimate expenses reimbursed. A non-contributory pension scheme is in operation.

Written applications should be forwarded to—

The General Manager,  
The Distillers Company Biochemicals  
(Aust. Pty.) Limited,  
53 Martin Place,  
SYDNEY.

## RABRO STOMACH TABLETS

Specially prepared succus liquiritiae and bismuth with effective spasmolytic action.

No side effects observed.

Non-toxic.

**INDICATION:** Peptic/duodenal and gastric ulcers, Gastritis. Chronic Alcoholic Gastritis.

Mfrs.: RABRO COMPANY, N.V.,  
Nymegen, Holland.

Literature and samples from the sole distributors:

## H.M.G. DRUGS PTY. LIMITED

58 MARGARET STREET, SYDNEY

Available in all States  
from recognised Drug Houses.

# VICTORIA

## PERSONAL and GENERAL

### State News

Members in Victoria desiring publication of personal items of interest are invited to write or telephone details to the Editor (FJ 5161).

Mr. P. C. T. Carver has been appointed manager of Mr. H. W. Downie's pharmacy, High Street, Thornbury. Mr. K. C. Murphy, pharmaceutical chemist, Woodend, has been appointed a registrar of births and deaths at Woodend.

#### KEROSENE POISONING

A case of Kerosene poisoning was reported from Castlemaine during the month.

A 16 months old child, Shane Smith, of Yapeen, consumed a quantity of Kerosene and was rushed to the Castlemaine Hospital. This was not a fatal case, and some time after admission the victim's condition was reported as satisfactory.

#### POISON BY LINIMENT

A two years old child, Peter Papatoniou, drank liniment from a lemonade bottle left on a dressing table on December 16. He was taken to the Children's Hospital, but died soon after from Camphor and Menthol poisoning.

Reports such as this indicate the need for continuous education of the public in regard to the custody of poisons.

#### BRITISH MEDICAL ASSOCIATION—OFFICE-BEARERS

The following office-bearers of the British Medical Association (Victorian Branch) have been appointed:

**President:** Dr. H. H. Judkins.

**Vice-Presidents:** Dr. G. Newman-Morris and Dr. Stanley Williams.

**Honorary Secretary:** Dr. A. W. Burton.

**Honorary Treasurer:** Dr. L. H. Ball.

**Honorary Librarian:** Dr. A. M. Hutson.

**Chairman of Council:** Dr. H. C. Colville.

#### ADDITION TO POTENT DRUGS SCHEDULE

By proclamation published in the Government Gazette on March 2 *Glutethimide* was added to the Seventh Schedule to the Poisons Act 1958 (Potent Drugs).

The effect of this addition is that the substance may be sold only by pharmaceutical chemists and general dealers in poisons more than four miles distant from the nearest pharmacy, and the containers must be labelled with the name and address of the seller, the name of the substance, and the words—"This is a Potent Drug and care must be exercised in using it."

#### PETHIDINE ADDICT

Hospital authorities and medical practitioners have been bothered for some time past by a person simulating attacks of renal colic allegedly with the intention of obtaining Pethidine.

In a recent issue of "The Medical Journal of Australia" a description of the man was given. He is reported to have been operating in the Melbourne area

for over five years, but has imposed on practitioners and hospitals in Sydney and Hobart. He presents with a history of having had a right nephrectomy. He is described as being intelligent, well spoken, about 34 years of age, with a mild deformity of the nose. Height 5 ft. 9 in., build sturdy, hair is dark reddish brown, brown eyes, and fair complexion with numerous freckles.

#### FAST WORKERS

Some pharmacies in the Melbourne metropolitan area have been visited in recent weeks by two pests working as a team. On their departure, the proprietor of the pharmacy has found that a valuable camera has disappeared.

The procedure, as reported to the Journal office, is for one of the two to engage the proprietor in conversation, and for his accomplice, carefully choosing his time, to pick up and depart with a camera.

#### Valueless Cheques

More recently, two women have been active in one of the eastern suburbs. They comprise a blonde and a brunette, one with a child in a pusher.

At a busy time they make a purchase and arrange to pay by cheque, making the amount higher than the total of the purchase and asking for the balance in change.

One chemist lost £10/6/- by this means; but he blames himself, because, although he arranged for the name and address to be written on the back of the cheque, he did not check the address until later. Then, too late, he discovered that the street shown was not a street in the suburb named.

A small cheque-book of the Commercial Bank, Canterbury, was used. It could have been unlawfully obtained.

#### Cashing Government Cheques

Due precautions should be taken before cashing an age pension or child endowment cheque. If the chemist knows the person, well and good; if not, beware of imposition, because you will not have a better title to such a cheque against the previous holder, and certainly not as against the rightful owner.

#### HOSPITAL BENEFITS ASSOCIATION OF VICTORIA

##### Hospital Fees

The following has been received from the Director of the Hospital Benefits Association, Mr. E. Lewis:

What a blow! From £12/12/- a week for a Public Ward up to £21 a week.

H.B.A. was quickly on the job with a protest to the Premier.

Statistics were produced, figures were discussed, but it all boiled down to the unpalatable fact that the State felt it was unable to bridge the gap between the increased costs of maintaining hospitals and the allocation of State Revenue.

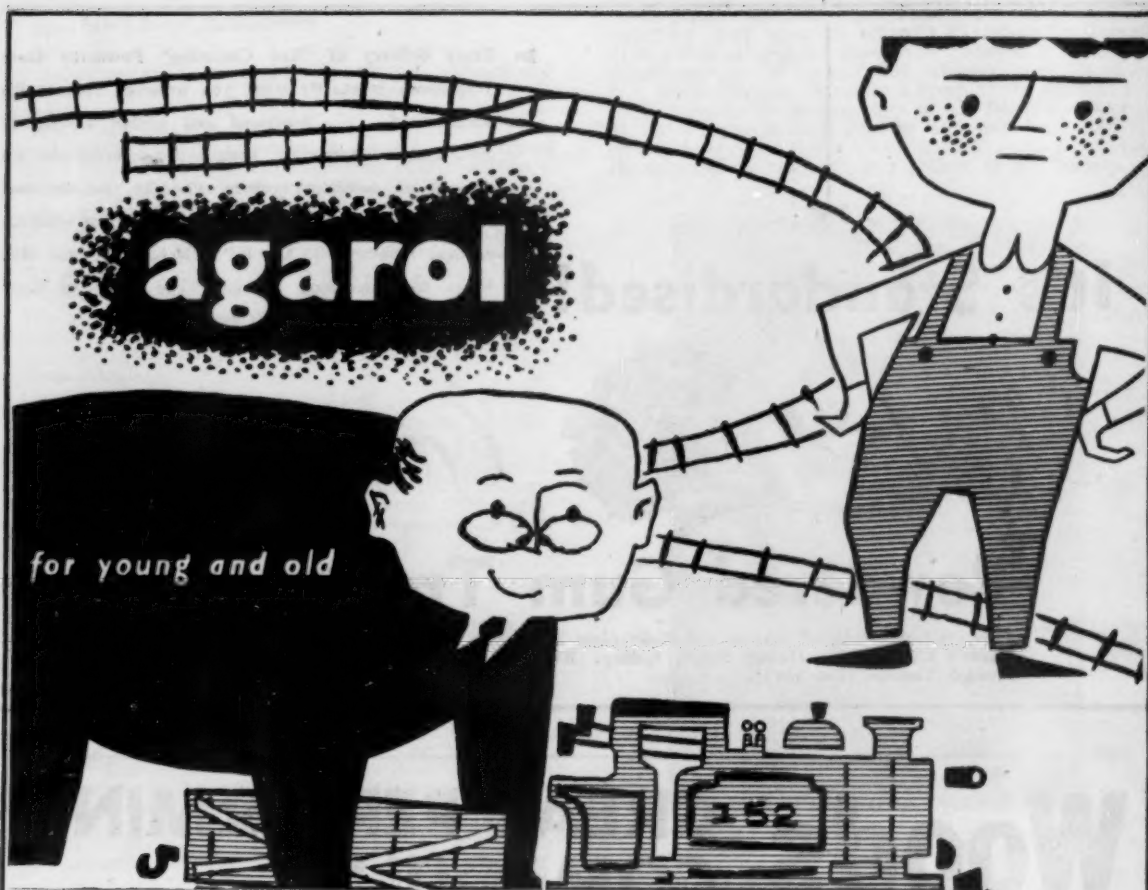
That, of course, is a matter of opinion.

The decision is made, and all that H.B.A. can do is to give its contributors the best possible service to enable them to meet the increase.

H.B.A., realising this, then made the suggestion that, to an insured person, the Public Ward fee should be reduced to £19/12/- per week, which is the total Hospital Benefit (including Commonwealth amounts) provided under Schedules "12" and "12HM". This was accepted.

The Premier is reported to have said that this £21 covers both Hospital and Medical care in a Public Ward. Factually this is correct, but in our dealings with con-





Agarol, because of its dependable but very gentle action, is the perfect laxative for young children and old people.

It consists of a highly emulsified mineral oil with phenolphthalein and agar-agar. Agarol both lubricates and stimulates, so ensuring that bowel movement is easy and natural, with no griping pains.

The pleasant taste is particularly helpful when treating children.

Agarol is indicated during pregnancy, in geriatrics, in paediatrics, and wherever there is chronic functional constipation, or wherever constipation must be avoided.

Agarol may be taken alone, or in milk, water, fruit juices, or mixed with food.

Package: Supplied in bottles of 6 and 16 fluid ounces.

Discounts: Parcel discounts of 5 per cent. on £10 and 10 per cent. on £25 assorted Warner parcels.

**'AGAROL'\***

WILLIAM R. WARNER & CO. PTY. LTD., 508-528 Riley Street, Sydney, N.S.W.

\*Reg. Trade Mark.

Telegraph: QUICKPILL, Sydney.

Telephone: MX 2355

↓  
**It's Standardised!**

*"Red  Carnation"*

## **Powdered Gum Tragacanth**

Also available—Selected Ribbon and Flake Gum Tragacanth. Enquiries to: WOODS & WOODS, Hardy's Chambers, 5 Hunter Street, Sydney. BW 5315. Sole Agents for KIMPTON BROS. Limited, London. (Est. 1882).

► Every delivery of "Red Carnation" Powdered Gum Tragacanth is exactly what you ordered, because it's standardised . . . processed and graded exactly to predetermined standards. From order to order you are assured of consistent colour, viscosity, texture and freshness. Grades specially recommended for pharmaceutical industry—BXXX B.P. Elect., BXX and BX. Write for interesting booklet, "The Story of Gum Tragacanth," free and post free.

# **Woods' GREAT PEPPERMINT COMPOUND**

**PRESENTS A MOST COMPREHENSIVE ADVERTISING CAMPAIGN FOR THE 1960 WINTER SEASON**

Now, and right through the winter months, Woods' Great Peppermint Compound will be employing a powerful advertising force as support to your sales effort.

With hard-hitting, forceful, direct advertisements currently appearing throughout the entire country, combined with a very strong radio campaign to be aired over leading city and country radio stations,

**THE FAMILY REMEDY FOR COUGHS AND COLDS**

***W. E. Woods Limited, Sydney***

Woods' Great Peppermint Compound paves the way, in your territory, for easier sales and extra profits. Stock up now on the proven family remedy for coughs and colds, in readiness for the heavy demand from Australia's millions of potential customers who are now seeing and hearing the Woods' Great Peppermint Compound message daily.



## VICTORIA—Continued

tributors we must remember that H.B.A. cannot say who will, or who will not, be classified as a Public Ward patient. Nor can H.B.A. say whether its contributors are going to attend the long queues at Out-patients departments in order to have a consultation with a (to them unknown) doctor in preference to a consultation at their local surgery.

Out of 1,291,000 persons covered by H.B.A., 1,116,000 are covered for medical benefits also, only 13.6 per cent. are covered for hospital benefits alone, and a large proportion of these are inmates of benevolent and similar institutions.

We must be prepared for an increased demand for Hospital Benefits ONLY, and should then suggest Schedule "12" at 3/- per week for a family or 1/6 for an individual.

If combined Hospital and Medical Benefits are required, Schedule "12HM" at 6/6 for a family and 3/3 for a single person is the logical schedule.

The Schedule "6" or "6HM" member receives hospital benefits totalling £13/6/- per week, and would receive Public Ward treatment for an additional £6/6/- per week. He may prefer to carry this amount of risk himself.

The position should be explained to him.

### PHARMACEUTICAL SOCIETY OF VICTORIA

#### Newly Elected Council Members

Mr. Charles Bowman Macgibbon, Ph.C., F.P.S., recently elected to the Council of the Pharmaceutical Society, was appointed Chief Pharmacist of the Royal Melbourne Hospital in 1938, a position he at present occupies. One of the founders of the Society of Hospital Pharmacists, he has served as Secretary and President at various times. He is at present a Vice-President. Contributions to hospital pharmacy include the Royal Melbourne Hospital Pharmacopoeia and the recent introduction of the Metric System in the hospital.



Mr. C. B. Macgibbon

Mr. Geoff Treleaven, Chief Pharmacist of D.H.A. (Victoria) Pty. Ltd., who was recently elected to the Council of the Pharmaceutical Society of Victoria, is a regular contributor to the Journal and Editor of the "Prescription Proprietaries Guide." Among other pharmaceutical activities he is Secretary of the Discussion Group of the Pharmaceutical Society and part-time lecturer and demonstrator at the Victorian College of Pharmacy. He qualified in 1943 and is a Fellow of the Society.



Mr. G. K. Treleaven

#### FORMER COUNCILLORS

Mr. A. G. Davis was a member of the Council from 1945 to the present date. He replaced the late D. A. F. Cossar, who had served as a Councillor for many years. Mr. Davis held the office of President from 1951-53. He served on numerous committees, including the Building Committee, where his knowledge and experience were of much value. He took a keen interest in civic affairs and was twice Mayor of Preston. Mrs. Davis also is a pharmaceutical chemist, having qualified in 1922.

Mr. Claude Noel McLeod was a comparative newcomer to the Council. He was elected in 1951 in place of Mr. L. Hamon, who did not stand for re-election. He took an active interest in the work of the Council, particularly in the political field, and was a member of several sub-committees. Mr. McLeod served four years in the R.A.A.F., rising from the ranks to Flight Lieutenant. As a fighter pilot he served in 457 Spitfire Squadron in the Northern Territory and New Guinea. Before the war he was employed by Sigma Co. He qualified under the Commonwealth Rehabilitation Scheme and he is in retail practice at Camberwell.

#### ADDITIONS TO THE REGISTER OF PROPRIETARY MEDICINES

The following additions to the Register of Proprietary Medicines were published in the Government Gazette on March 9, in accordance with the provisions of the Health Act 1958, section 205 (4):—



## FOR TENDER SKIN



SELL **AM-O-LIN**

### FOR BABIES:

**BUTTOCK RASH**  
**WIND CHAFE**  
**SALIVA SORES**

**BLEMISHES**  
**IRRITATIONS**  
**CRADLE CAP**

### USES FOR CHILDREN:

**ABRASIONS**  
**BURNS**  
**ENCRUSTATIONS**

**FACIAL SORES**  
**SUPPURATIONS**

### GENERAL USES:

**DRY SKIN**  
**COLD SORES**  
**CRACKED HANDS**

**NERVE RASH**  
**CHAPPED LIPS**  
**SUNBURN**

**AM-O-LIN offers a wide  
prescribing range**

### BEST BUY

**£4 PARCEL GIVES 5% DISC.**

**PROFIT** 1/6 ON 4/- SIZE  
9d. ON 2/- SIZE

**SIZES MAY BE MIXED IN  
ANY PROPORTION**

3 doz. No. 1 and 1 doz. No. 2  
2 doz. No. 1 and 1½ doz. No. 2  
1 doz. No. 1 and 2 doz. No. 2  
etc. etc.

**PARCEL BUY SHOWS 62% PROFIT**

## VICTORIA—Continued

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Actified Brand Elixir .. .. .	8453	24/2/60
Actified Brand Tablets .. .. .	8454	24/2/60
Ademil Tablets .. .. .	8314	24/2/60
Allercur Penicillin .. .. .	8165	24/2/60
Aluminium Hydroxide B.P. .. .	8360	24/2/60
Amcal Linctus .. .. .	8189	24/2/60
Amphacetil Tablets .. .. .	8223	24/2/60
Anabolex .. .. .	8222	24/2/60
April Appetite Control Tablets ..	8503	24/2/60
Apracur .. .. .	8166	24/2/60
Asmaeze Tablets .. .. .	8332	24/2/60
Avo Corn and Wart Cure .. .. .	8186	24/2/60
Ayrton's Halibut Liver Oil Capsules B.P. .. .. .	8512	24/2/60
Bacitracin Eye Drops .. .. .	8496	24/2/60
B and C Honey Balsam .. .. .	8197	24/2/60
Barbitone Compound Capsules ..	8220	24/2/60
Baume Dalet .. .. .	8231	24/2/60
B. Complex Forte Tablets .. .. .	8422	24/2/60
B. Complex Tablets .. .. .	8414	24/2/60
Benzocaine and Adrenaline Suppositories .. .. .	8431	24/2/60
Betteridges' Lotion .. .. .	8379	24/2/60
Betteridges' Paste .. .. .	8380	24/2/60
Bimez Oral Suspension .. .. .	8501	24/2/60
Bimez Tablets .. .. .	8502	24/2/60
Bio Meal (Dietary Food) .. .. .	8407	24/2/60
Bio Meal (Dietary Food for use in Diabetes) .. .. .	8415	24/2/60
Bismuth Subgallate Compound Suppositories .. .. .	8429	24/2/60
Bismuth Subgallate Suppositories ..	8430	24/2/60
Bloom's D-Cal-Phos Tablets .. ..	8281	24/2/60
Bloom's Live Yeast with Vitamin B Tablets .. .. .	8461	24/2/60
Bolton's Bronchitis Mixture .. ..	8367	24/2/60
Bonadorm Tablets .. .. .	8169	24/2/60
Calastine .. .. .	8510	24/2/60
Calcium Gluconate Tablets .. ..	8408	24/2/60
Calcium Gluconate with Vitamin D. Chocolate Flavoured Tablets ..	8409	24/2/60
Callosa Corn Cure .. .. .	8344	24/2/60
Capebon .. .. .	8170	24/2/60
Cardio-Green .. .. .	8284	24/2/60
Cascara Cordial .. .. .	8449	24/2/60
Catovit Tablets .. .. .	8237	24/2/60
Catron Tablets .. .. .	8356	24/2/60
Cee-Vit .. .. .	8505	24/2/60
Cenovis Cenoplex Natural Vitamin B and C .. .. .	8239	24/2/60
Cerumol .. .. .	8462	24/2/60
Chil-Blex .. .. .	8248	24/2/60
Children's Cough Balsam .. .. .	8195	24/2/60
Children's Cough Mixture .. .. .	8272	24/2/60
Chloromycetin Succinate .. .. .	8207	24/2/60
Cilicaine-V Oral (Suspension) .. ..	8452	24/2/60
Clementson's Crystal Rub .. .. .	8243	24/2/60
Clementson's Emerald Linctus .. ..	8242	24/2/60
Colorettes, A, B, C and D .. .. .	8456	24/2/60
Colorettes C .. .. .	8455	24/2/60
Constipation Pills .. .. .	8447	24/2/60
Coomassie Blue (Medical) Solution ..	8192	24/2/60
Corn and Wart Remover .. .. .	8364	24/2/60
Corti-Flexiole .. .. .	8168	24/2/60
C.P.C. Tablets .. .. .	8333	24/2/60
Crown Brand Vitamins A and D ..	8164	24/2/60
Crown Brand Vitamin E .. .. .	8167	24/2/60
Crystal Inhalation .. .. .	8341	24/2/60
Crystapen V Oral Liquid C.V.L. 250 ..	8467	24/2/60
Crystapen V Oral Liquid Pediatric C.V.L. Pediatric 125 .. .. .	8468	24/2/60
Cyclimorph Injection of Morphine Tartrate and Cyclizine Tartrate ..	8405	24/2/60

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Dandricide .....	8331	24/2/60
Darenthin Bretyllium Tosylate 0.2 mg. ....	8406	24/2/60
Daricon Tablets .....	8466	24/2/60
Davis' Cherry Linctus .....	8198	24/2/60
Davis' Hair Lotion .....	8201	24/2/60
Davis' Influenza Mixture .....	8200	24/2/60
Denby Rheumatic Powder .....	8385	24/2/60
Dextelan Tablets 0.5 mg. ....	8499	24/2/60
Dextelan Tablets 1 mg. ....	8500	24/2/60
Dicalets Filmtab .....	8209	24/2/60
Dichlotride Tablets .....	8359	24/2/60
Digestoid .....	8249	24/2/60
Donald's Antiseptic Ointment .....	8250	24/2/60
Dorman's Linctus .....	8334	24/2/60
Durophet Capsules 7½ mg. ....	8440	24/2/60
Durophet Capsules 12½ mg. ....	8441	24/2/60
Durophet Capsules 20 mg. ....	8442	24/2/60
Dux Vita-Cel Tablets .....	8251	24/2/60
Edinburgh Camphor Cream .....	8183	24/2/60
Efcortelan Nasal Spray .....	8438	24/2/60
E.F.E. Tabs .....	8335	24/2/60
Elixir Deaner .....	8245	24/2/60
Endoxan-Asta Dragees .....	8493	24/2/60
Endoxan-Asta Injection .....	8494	24/2/60
Enervite .....	8401	24/2/60
Enzactin Powder (Brand of Triacetin) .....	8459	24/2/60
Enzactin Spray (Brand of Triacetin) .....	8460	24/2/60
Ergomal Injection .....	8495	24/2/60
Ergomal Tablets .....	8241	24/2/60
Erythrocin (Ethyl Succinate) Oral Suspension .....	8221	24/2/60
Erythrocin—L.M. ....	8270	24/2/60
Estradurin .....	8437	24/2/60
Etisul Cream .....	8210	24/2/60
E 39 Soluble .....	8498	24/2/60
Falcopen-V Oral Suspension .....	8451	24/2/60
Falcopen-V Capsules 125 mgm. ....	8309	24/2/60
Falcopen-V Capsules 250 mgm. ....	8310	24/2/60
Falcopen-V Tablets 125 mgm. ....	8311	24/2/60
Falcopen-V Tablets 250 mgm. ....	8312	24/2/60
Ferro-Chel Syrup .....	8287	24/2/60
Ferro-Chel Tablets .....	8288	24/2/60
Ferroton Tonic .....	8491	24/2/60
F.G.R.'s Diet Tablets .....	8402	24/2/60
Fletcher's Enema .....	8285	24/2/60
Florinef with Graneodin Lotion .....	8316	24/2/60
Florinef with Graneodin Ointment .....	8315	24/2/60
Folic Acid Tablets 5 mgm. ....	8410	24/2/60
Folicrin Tablets .....	8345	24/2/60
Foot Heaven .....	8378	24/2/60
For-Matrix .....	8387	24/2/60
Formula 383 .....	8212	24/2/60
Fungizone (Amphotericin B) .....	8317	24/2/60
Furoxone Suspension .....	8470	24/2/60
Furoxone Tablets .....	8471	24/2/60
Gastro-Sed. Mixture .....	8252	24/2/60
Glauber Salts .....	8396	24/2/60
Haysma Tabs. ....	8336	24/2/60
Hico-Pin .....	8386	24/2/60
Hill's Bronchitis Mixture .....	8343	24/2/60
Huntsman's C.C.L. Children's Cough Linctus .....	8337	24/2/60
Huntsman's M.V.F. Multivitamin Port Tablets .....	8253	24/2/60
Huntsman's Nasal Drops Prescription .....	8200	24/2/60
Huntsman's Prescription for Diarrhoea .....	8255	24/2/60
Huntsman's Prescription for Impetigo .....	8256	24/2/60
Huntsman's V.M. Tonic Prescription with Phenobarbitone .....	8258	24/2/60

## A Pill with Many Uses



## GREEN LABEL PILLS

Six plastic containers in an attractive counter display outer.

Cost 88/10d. doz.

Retail 12/6

## 13 to the dozen

P.A.T.A. CHEMISTS' ONLY

Stocks now available from all wholesalers in Australia.

GET YOUR STOCKS NOW

Manufactured by Green Label Pharmaceuticals  
30 Russell Street, Melbourne

**Wear a "CROWN"**

**The Best in Town**

## LADIES' UNIFORMS



White & Colours  
Made to Order  
All Wanted  
Styles  
from  
**CESARINE**  
**DRIP DRY POPLIN**  
**CREASE RESIST-**  
**ING RAYON**  
**TERYLENE**

## WHITE COATS

Largest Range  
in "Melbourne"  
made from  
**BRADMILL**  
Red Label  
Heavy Weight  
Preshrunk Drill



## CROWN WHITE COATS

SHOWROOMS:

Melbourne: CROWN WHITE COATS, Howey Court,  
234 Collins Street. Phone 63 6818. 791 High Street,  
Thornbury. Phone JJ 1348.

Hobart: H. T. GROUNDS, 101 Murray Street. Phone  
3 3484, 3 3849.

## VICTORIA—Continued

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Huntsman's V.M. Tonic Prescription	8257	24/2/60
Hydrogen Peroxide	8397	24/2/60
Iosone Pulvules	8358	24/2/60
Impetigo Cream	8259	24/2/60
Improved Alaska Linctus	8260	24/2/60
Indian Corn Cure	8175	24/2/60
Intralgin Gel	8247	24/2/60
Irish Moss Cough Mixture	8202	24/2/60
Juni Tabs	8218	24/2/60
Kapco Acri Acriflavine Solution	8298	24/2/60
Kapco Ammoniated Tincture of Quinine	8412	24/2/60
Kapco A.P.C. Tablets	8299	24/2/60
Kapco Aspirin	8300	24/2/60
Kapco Calamine Lotion	8372	24/2/60
Kapco Camphorated Oil	8377	24/2/60
Kapco Castor Oil	8373	24/2/60
Kapco Cod Liver Oil	8301	24/2/60
Kapco Eucalyptus Oil	8469	24/2/60
Kapco Friar's Balsam	8374	24/2/60
Kapco Glycerine and Borax	8375	24/2/60
Kapco Hydrogen Peroxide 10 Vol.	8302	24/2/60
Kapco Iodised Throat Tablets	8347	24/2/60
Kapco Liquid Extract Cascara	8348	24/2/60
Kapco Mercurochrome Solution	8398	24/2/60
Kapco Milk of Magnesia	8388	24/2/60
Kapco Paraffin Oil	8389	24/2/60
Kapco Sweetened Cascara	8349	24/2/60
Kapco Tincture of Iodine Weak	8350	24/2/60
Keilly's Tablets	8394	24/2/60
Kenacort A Ointment	8318	24/2/60
Kenacort A with Graneodin Lotion	8319	24/2/60
Kenacort Tablets	8185	24/2/60
Kidney Herbal Tablets	8403	24/2/60
Kidney Tablets	8184	24/2/60
Kintex	8217	24/2/60
Kugelman's Electric Essence	8230	24/2/60
Lapaquin Tablets	8206	24/2/60
La Pasticca Del Re Sole	8191	24/2/60
Laxoids	8395	24/2/60
Ledermycin Capsules	8446	24/2/60
Lipoline	8261	24/2/60
Lipostabil Capsules	8280	24/2/60
L. K. B. Herbal Tablets	8404	24/2/60
Masters' Headache and Neuralgia Tablets	8433	24/2/60
Masters' Senega and Ammonia Expectorant Mixture	8432	24/2/60
Mead's Magnetic Mixture	8232	24/2/60
Mecoral Tablets	8363	24/2/60
Melabon	8171	24/2/60
Mend-U Wonder Ointment	8172	24/2/60
Milk of Magnesia Sweetened	8176	24/2/60
Milk of Magnesia Sweetened	8177	24/2/60
Milk of Magnesia Sweetened	8178	24/2/60
Milk of Magnesia Sweetened	8179	24/2/60
Milk of Magnesia Sweetened	8180	24/2/60
Milk of Magnesia Sweetened	8181	24/2/60
Milk of Magnesia Sweetened	8182	24/2/60
Milk of Magnesia Sweetened	8228	24/2/60
Milk of Magnesia Sweetened	8443	24/2/60
Milk of Magnesia Sweetened and Flavoured	8515	24/2/60
Minerol-Agar	8472	24/2/60
Mitchell's Impetigo Ointment	8262	24/2/60
Mosar Anti-pain Tablets	8392	24/2/60
Mosar Rheumatic Tablets	8393	24/2/60
Multi-Vitamin Capsules	8416	24/2/60
Multi-Vitamin Tablets	8419	24/2/60
Musgo Corn Solvent	8518	24/2/60
Mycostatin Dusting Powder	8320	24/2/60



Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Mycostatin Ointment .. .. .	8224	24/2/60
Mycostatin Oral Suspension .. .	8225	24/2/60
Mycostatin Oral Tablets .. .	8226	24/2/60
Mycostatin Sterile Powder .. .	8321	24/2/60
Mycostatin Vaginal Tablets .. .	8322	24/2/60
Mysteclin V Capsules .. .	8323	24/2/60
Nardil Tablets .. .	8240	24/2/60
Naseptin Nasal-Carrier Cream .. .	8497	24/2/60
N.B.H. Ointment .. .	8448	24/2/60
Neo-Cortef Acetate Cream 1 per cent. .. .	8219	24/2/60
Neomycin-Delta Eye Drops .. .	8411	24/2/60
Neopt Eye Drops .. .	8215	24/2/60
Neotracin Dusting Powder .. .	8362	24/2/60
Neotracin Ophthalmic Ointment .. .	8428	24/2/60
Neutraline .. .	8365	24/2/60
Newfoline .. .	8233	24/2/60
Nicotinamide Tablets 50 mg. .. .	8417	24/2/60
Nicotinic Acid Tablets 50 mg. .. .	8418	24/2/60
Nostrex .. .	8263	24/2/60
Omnopon Ampoules 20 mg. .. .	8509	24/2/60
Omnopon-Scopolamine Ampoules 20 mg. .. .	8508	24/2/60
Oxsoralen Capsules .. .	8434	24/2/60
Oxsoralen Lotion .. .	8435	24/2/60
Page Barker's Scurf and Dandruff Lotion .. .	8190	24/2/60
Pain-Ease Plus .. .	8338	24/2/60
Paineze Tablets .. .	8264	24/2/60
Parabal Tablets .. .	8216	24/2/60
Pastiglie Spaslax .. .	8339	24/2/60
Pastiglie Spaslax Forte .. .	8340	24/2/60
Peni-Vee K. Tablets 60 mg. .. .	8291	24/2/60
Peni-Vee K. Tablets 125 mg. .. .	8292	24/2/60
Peni-Vee K. Tablets 250 mg. .. .	8293	24/2/60
Peni-Vee Oral Suspension .. .	8450	24/2/60
Persantin Ampoules .. .	8382	24/2/60
Persantin Sugar-Coated Tablets .. .	8383	24/2/60
Persantin Suppositories 50 mg. .. .	8384	24/2/60
Pile Tablets .. .	8203	24/2/60
Piperazine Midy .. .	8473	24/2/60
Pipratone .. .	8173	24/2/60
Polaramine Syrup .. .	8208	24/2/60
Polaronil Tablets .. .	8361	24/2/60
Predsol-N Nasal Spray .. .	8211	24/2/60
Predsol-N Skin Ointment No. 1 0.5 per cent. .. .	8194	24/2/60
Predsol Skin Ointment No. 1 0.5 per cent. .. .	8193	24/2/60
Premarin with Phenobarbital Tablets .. .	8238	24/2/60
Prickly Heat Mentholated Dusting Powder .. .	8504	24/2/60
Primes .. .	8204	24/2/60
Pyridoxine Hydrochloride Tablets 25 mg. .. .	8421	24/2/60
Radio Flue Mixture .. .	8423	24/2/60
Radiorub Liniment .. .	8400	24/2/60
Rautrax Tablets .. .	8324	24/2/60
Ready Relief Powders .. .	8424	24/2/60
Redoxon Effervescent Tablets .. .	8516	24/2/60
Rest-Easy Tablets .. .	8381	24/2/60
Rheumax Tablets .. .	8246	24/2/60
Rhugest .. .	8273	24/2/60
Riboflavine Tablets 5 mg. .. .	8420	24/2/60
Robinson's Baby Cough Mixture .. .	8234	24/2/60
Robinson's Bronchitis Mixture .. .	8235	24/2/60
Rontyl Leo .. .	8342	24/2/60
Rox Acriflavine Solution .. .	8303	24/2/60
Rox Alum .. .	8351	24/2/60
Rox Ammoniated Tincture of Quinine .. .	8413	24/2/60
Rox A.P.C. Tablets .. .	8304	24/2/60
Rox Aspirin .. .	8305	24/2/60



TESTS PROVE  
that  
**VUMAX** gives

30% more illumination  
than other 35 mm. projectors

Make comparative tests yourself

- All models fitted with German Ennar 4 in. F2.5 lens and highest quality German condensers, mirror and heat filters, for exceptional light output.
- The revolutionary "swing-over" slide holder ensures smooth, silent operation.
- The 300W Blower-cooled model, and the 500W and 1000W models feature a pressure blower system, which directs air ducts to the lamp, the heat filter and to each side of the film plane.
- The extreme brilliance of the 500W and 1000W models makes them ideal for religious, educational and industrial purposes.

#### NEW REDUCED PRICES

Vumax 300W model ..... £28/15/-  
Vumax 300W, Blower-cooled ..... £33  
Vumax 500W, Blower-cooled ..... £38/17/-  
Vumax 1000W, Twin Pressure Blowers ..... £50/12/6

Film strip attachments and automatic changers available for all models.

Makers of H/H Compacta 16 mm. Sound Projectors — Television Specialists

## Harmour & Heath Pty. Ltd.

Cnr. Mount & Arthur Sts., North Sydney. XB 6031-2.

*Be First Aid Minded!*



No. 7 "Sanax" First Aid Case

There are  
58 distinct  
patterns of

## "SANAX" FIRST AID CASES

Obtainable from your regular Wholesaler

For illustrations and details write direct to

**SANAX PTY. LTD.**

223-225 Bay Road, Sandringham, Vic.

Phone: 98 1604

# R H Ô N E P O U L E N C

*of Paris*

## RHODIA BRAND

**F I N E  
C H E M I C A L S**

Caffeine & Salts  
Ephedrine & Salts  
Theophylline & Salts  
Theobromine & Salts  
Ethylvanillin & Coumarin  
Antipyretics-Barbiturates  
Antibiotics (Penicillin Streptomycin Dihydrostreptomycin)

SOCIÉTÉ PARISIENNE  
D'EXPANSION CHIMIQUE  
**"SPECIA"**

**SPECIA BRAND**  
"Didromycin" (Dihydrostreptomycin  
Sulphate) 1 and 5 gram Vials

Sole Australasian Agents

**H. J. LANGDON & CO. PTY. LTD.**

Established 1852. 351-355 KING STREET 114 HARRIS STREET  
Tele. LANGDON **MELBOURNE PYRMONT N.S.W.**  
Telephone FY 1911 Telephone: MW 2393  
MW 1083

### VICTORIA—Continued

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Rox Calamine Lotion .. .. .	8368	24/2/60
Rox Camphorated Oil .. .. .	8376	24/2/60
Rox Castor Oil .. .. .	8369	24/2/60
Rox Chlorodyne .. .. .	8458	24/2/60
Rox Cod Liver Oil .. .. .	8306	24/2/60
Rox Epsom Salts .. .. .	8391	24/2/60
Rox Eucalyptus Oil .. .. .	8426	24/2/60
Rox Friar's Balsam .. .. .	8370	24/2/60
Rox Glauber Salt .. .. .	8352	24/2/60
Rox Glycerine and Borax .. .. .	8371	24/2/60
Rox Glycerine and Tannin .. .. .	8353	24/2/60
Rox Hydrogen Peroxide 10 Volumes	8307	24/2/60
Rox Hydrogen Peroxide 20 Volumes	8308	24/2/60
Rox Liquid Extract Cascara .. .. .	8354	24/2/60
Rox Mercurochrome Solution .. .. .	8399	24/2/60
Rox Paraffin Oil .. .. .	8390	24/2/60
Rox Soda Bicarb .. .. .	8427	24/2/60
Rox Sodium Citrate Tablets gr. 2	8486	24/2/60
Rox Tincture of Iodine Weak .. .. .	8355	24/2/60
Rubramin Injection .. .. .	8229	24/2/60
Sambell's Cough Mixture .. .. .	8196	24/2/60
Scalp Pomade .. .. .	8274	24/2/60
Senega and Ammonia A.P.F. .. .. .	8275	24/2/60
Sevinol Tablets 0.25 mg. .. .. .	8439	24/2/60
Siquil Injection .. .. .	8227	24/2/60
Siquil Tablets .. .. .	8325	24/2/60
S.L.-Vite .. .. .	8265	24/2/60
Soframycin Nebuliser .. .. .	8357	24/2/60
Solution 41 .. .. .	8346	24/2/60
Solyptol Antiseptic Cream .. .. .	8289	24/2/60
Sore Throat Mixture .. .. .	8188	24/2/60
Sparine Injection 10 c.c. .. .. .	8436	24/2/60
Spaslux .. .. .	8276	24/2/60
Staminal Tablets .. .. .	8282	24/2/60
Steclin Intramuscular .. .. .	8326	24/2/60
Steclin Intravenous .. .. .	8327	24/2/60
Steclin V Capsules .. .. .	8328	24/2/60
Steclin V Pediatric Drops (Aqueous)	8329	24/2/60
Stemetil Forte Syrup .. .. .	8513	24/2/60
Suggett's Cough Linctus .. .. .	8174	24/2/60
Super Plenamins .. .. .	8254	24/2/60
Synermycin Capsules .. .. .	8445	24/2/60
Synermycin Oral Suspension .. .. .	8444	24/2/60
Teen-Aid .. .. .	8485	24/2/60
Tenuate Tablets .. .. .	8517	24/2/60
Thiosulf brand of Sulfamethizole	8283	24/2/60
Thru in Jel Form .. .. .	8213	24/2/60
Tis-It .. .. .	8236	24/2/60
Tofranil Ampoules .. .. .	8286	24/2/60
Tofranil Tablets .. .. .	8244	24/2/60
Tonamin Elixir .. .. .	8492	24/2/60
Tusucal Dragees .. .. .	8490	24/2/60
Vasolastine Ampoules .. .. .	8330	24/2/60
Vicks Cetamium Cough Syrup .. .. .	8506	24/2/60
Vicks Medicated Cough Drops with Honey and Licorice .. .. .	8457	24/2/60
Vicks Therex Tablets .. .. .	8313	24/2/60
Vita-Co. .. .. .	8277	24/2/60
Vitafos .. .. .	8425	24/2/60
Vitamed with Phenobarbitone .. .. .	8266	24/2/60
Vitamin A and D Capsules .. .. .	8474	24/2/60
Vitamin A and D Tablets .. .. .	8478	24/2/60
Vitamin A Capsules .. .. .	8475	24/2/60
Vitamin A Tablets .. .. .	8479	24/2/60
Vitamin B Group Fort Tablets .. .. .	8205	24/2/60
Vitamin Boosters .. .. .	8278	24/2/60
Vitamin B1 Tablets 5 mgm. .. .. .	8476	24/2/60
Vitamin B1 Tablets 10 mgm. .. .. .	8480	24/2/60
Vitamin B1 Tablets 20 mgm. .. .. .	8481	24/2/60
Vitamin B1 Tablets 50 mgm. .. .. .	8482	24/2/60
Vitamin E Capsules 10 mgm. .. .. .	8477	24/2/60
Vitamin E Capsules 20 mgm. .. .. .	8483	24/2/60

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Vitamin E Capsules 50 mgm. . . . .	8484	24/2/60
Vitamin E Tablets 10 mgm. . . . .	8487	24/2/60
Vitamin E Tablets 20 mgm. . . . .	8488	24/2/60
Vitamin E Tablets 50 mgm. . . . .	8489	24/2/60
Vitamised Vical Tonic . . . . .	8199	24/2/60
Vita-Plex Tonic . . . . .	8267	24/2/60
Vita-Plex with Phenobarbitone . . . . .	8268	24/2/60
Vi-Ten . . . . .	8269	24/2/60
Vitofos Junior . . . . .	8366	24/2/60
V-M Tabs . . . . .	8514	24/2/60
V.R.T. . . . .	8271	24/2/60
Watkins Multi-Vims . . . . .	8507	24/2/60
Watt's Children's Cough Mixture . . . . .	8279	24/2/60
Xylocaine Jelly . . . . .	8294	24/2/60
Xylocaine Ointment . . . . .	8464	24/2/60
Xylocaine Plain . . . . .	8295	24/2/60
Xylocaine Viscous . . . . .	8463	24/2/60
Xylocaine with Epinephrine . . . . .	8296	24/2/60
Xylocaine 2 per cent. with Norepinephrine . . . . .	8297	24/2/60
Xylocaine 4 per cent. . . . .	8465	24/2/60
Zinc and Castor Oil Cream B.P. . . . .	8511	24/2/60
1-A Day Tone-Tabs . . . . .	8214	24/2/60

## PHARMACY BOARD

## Monthly Meeting

The Pharmacy Board of Victoria met at "Guild House," 18 St. Francis Street, Melbourne, on March 9, at 9.45 a.m.

**Present.**—Mr. N. C. Manning (President) in the Chair, Messrs. S. J. Baird, H. A. Braithwaite, K. E. Hartley, W. R. Iliffe, W. Wishart, F. C. Kent (Registrar), R. G. Allen (Minutes Secretary) and R. H. Borowski (Deputy Registrar).

**Correspondence.**—Correspondence dealt with included the following:

From the Department of Health advising that the appointment of Messrs. S. J. Baird and A. W. Callister as members of the Board had been notified in the Government Gazette 24/2/60.

To the Department of Health advising the appointment of Mr. N. C. Manning as President.

From a wholesale company notifying the theft of a carton containing Specified Drugs and Dangerous Drugs in transit.

From the Department of Customs and Excise advising that Prohibited Imports Regulations and Prohibited Export Regulations now applied to Phenazocine.

From the Pharmacy Board of N.S.W. enclosing copy of Annual Report for 1959.

To Mr. N. C. Cossar conveying sympathy on death of his father.

To Mr. K. G. Attiwill conveying good wishes.

From a chemist drawing attention to alleged careless dispensing of tablets in institutions. Inquiries to be made.

From Agricultural and Veterinary Chemicals Association suggesting closer liaison in regard to legislation concerning distribution of poisons. Proposition to be considered.

From a country chemist "deploring weakness of pharmacy in regard to 5/- P.M. fee." Noted.

From Victorian Guild regarding difficulty of some chemists in obtaining prescriptions for Pharmaceutical Benefits ordered by telephone. Registrar to explain legal position.



# SAFE HORMONE FREE FOLICRIN

FOR

## MENOPAUSAL DISORDERS

is now being

**ACTIVELY PROMOTED**

with your Doctors

Bottle of 100 Tablets

Wholesale

Retail

21/8 each

32/6 each  
(plus dispensing fee)

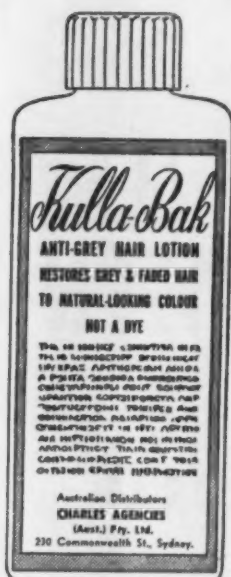
SYDNEY



AUSTRALIA



### THREE CHARLES AGENCIES (AUST.) PRODUCTS



Retail 32/6 per bottle  
W'sale 17/6 + 25% S.T.



Retail 9/11 per atomiser  
W'sale 74/- doz.  
+ 12½% S.T.

## COLCHISONE



### CHARLES AGENCIES (AUST.)

Merchants Manufacturers Distributors  
230 COMMONWEALTH ST., SYDNEY. MA 8300.  
Melbourne MF 8930 Adelaide LA 1647 Brisbane J 6771 Perth 21 2237 Launceston 2-1529

### VICTORIA—Continued

**Formal Business.**—The following formal business was recorded:—

**Application for Registration.**—Ellis, Marion Elizabeth; Levy, Leonard Hyman; Thomas, Mari Lynette; Hicks, Lorna May; Langfelder, Kurt Louis; Williams, Graeme Austin; Brennan, Darcy Thomas; Allen, Diana Jill; Pope, James Roger; Carver, Paul Clement Tudor; Symmons, Rodney Russell; Librach, Jack; Bourke, Kevin Murray (Final Exam. Vic. 27/11/1959); Young, Geoffrey Charles (Ph. Bd. Qld. 22/1/1953).

**Certificates of Identity Issued.**—To Great Britain 1, New Zealand 1, N.S.W. 3.

**Managers and Relievers Notified.**—73.

**New Pharmacies Opened.**—Three.

**Changes of Ownership.**—Four.

**Opium Permits.**—Seven.

**Apprenticeship—Indentures Registered.**—One.

**Apprenticeship—Cancellation by Mutual Consent.**—Three.

**Apprenticeship—Transfer.**—Five.

**Permit to Purchase Cyanide.**—One.

**Licences as a General Dealer in Poisons.**—Four.

**Licences to Sell Poisonous Substances.**—18.

**Applications for Dangerous Drugs Licences—Hospitals.**—Five.

**Applications for Dangerous Drugs Licences—Wholesalers.**—Four.

**Poisonings—Police Reports.**—Liniment, one fatal; Bromureide, one fatal; Barbiturates, one fatal; Carbrital, one fatal; Lysol, one fatal; Sodium Amytal and Attarax, one non-fatal.

**Pharmaceutical Register—Names for Removal.**—A list of names of persons who had not renewed registration for the year 1960 was tabled. The Registrar reported that most of those concerned had left the State or were out of practice. Resolved that the names be erased from the Register, subject to approval of the Minister.

**Intermediate Examination.**—The President reported that the results of the February Intermediate Examination had been published. Of the 81 candidates who entered for the Examination, 30 passed, 33 obtained partial passes, 14 failed and four were absent.

The report was received and the President's action in publishing the results was approved.

**Pharmacy Regulations—Practical Training.**—The President informed the Board that the Parliamentary draftsman had suggested some further revision of the draft regulations to bring them into conformity with the Act. These suggestions were under consideration and a revised draft would be submitted to the Board at the next meeting for approval.

**Morphine in Ambulances.**—Suggestions for minor amendments of the draft of the proposed amendment of the Dangerous Drugs Regulations providing for the carrying of Morphine in ambulances were considered. It was resolved that the suggestions made be incorporated in a new draft to be prepared for approval of the Board at the next meeting.

**Conference of Board Members.**—The President reported that representatives of Boards from other States would be in Melbourne for the Official Opening of the new College of Pharmacy on March 29. It had been suggested that a special meeting of Board members and Interstate representatives be held to discuss matters of common interest. The proposal was adopted and it was resolved that a special meeting be held on March 30 at 10.30 a.m. Items to be discussed would include practical training under new educational systems;

reciprocity with South Africa; Uniform Poisons Schedules.

**Financial.**—The Hon. Treasurer submitted the monthly financial statement, and accounts totalling £1087/0/1 were passed for payment.

**Glutethemide.**—The President drew attention to the gazettal of this drug as a Specified Drug on February 18.

**Final Examination.**—Arrangements for the practical and oral examinations of the Final Examination commencing on April 4 were discussed.

**Sulpha Preparation.**—Consideration was given to an application from a firm of distributors requesting that a Sulpha preparation be exempted from existing controls. It was resolved that the request could not be granted.

**Inspectors' Reports.**—Two reports concerning the absence of the registered proprietor from two pharmacies visited during the month were considered and further investigations ordered.

A report indicating a number of irregularities at a country pharmacy was dealt with, and it was decided that the chemist concerned should be called to Melbourne for interview with the President and Registrar.

The Board's Inspectors had drawn attention to distribution of a domestic cleaning product containing caustic soda which was distributed in honey jars. The preparation had the appearance of honey. The President and Registrar to discuss with the Chief Health Officer, Department of Health.

It was resolved also that the question of containers for lighter fluids should be discussed at the interview.

Several reports were received which indicated that in some pharmacies Specified Drugs were being supplied as "Own prescribes" and entered as such in Prescription Books. It was resolved that strong warnings be issued and the practice be the subject of an article in the Society's monthly Bulletin.

The meeting closed at 1.20 p.m.

## PHARMACEUTICAL SOCIETY

### Council Meeting

The Council of the Pharmaceutical Society of Victoria met at "Guild House," 18 St. Francis Street, Melbourne, on March 2 at 9.30 a.m.

**Present.**—Mr. Eric Scott (President) in the Chair; Mrs. P. A. Crawford, Messrs. S. J. Baird, A. G. Davis, A. L. Hull, F. W. Johnson, L. Long, C. N. McLeod, J. R. Oxley, K. Ramsay, G. H. Williams, F. C. Kent (Secretary), T. G. Allen (Minutes Secretary) and R. H. Borowski (Assistant Secretary).

**The New College.**—Arrangements for the official opening of the new College on March 29 were reviewed and it was agreed that a rehearsal of the programme be held. The Secretary reported that a tentative copy of the programme had been sent to Government House for approval by the Governor. Invitations had been extended to the Lord Mayor and Premier and replies were awaited.

The general arrangements were discussed and were approved. An offer from Mr. H. A. Braithwaite to organise the reception of interstate visitors was accepted with thanks.

**Correspondence.**—The correspondence submitted to Council included the following:—

From the Society of Hospital Pharmacists, requesting permission to use a room in the new College on May 28 for the Conference of Hospital Pharmacists. Request approved.

To the Telephone Department, supporting application from a member for installation of a telephone.

*Ingram's*  
LONDON.

Makers of fine surgical rubber goods since 1847 and known the world over for quality.

### Famous trade names

PERFEX

ENEMAS

OMEGA

BREAST RELIEVERS

HERCULES

WHIRLING SPRAYS

**Pharmacists:** Your wholesaler is always happy when your order specifies the above lines because they are guaranteed faultless.

**Wholesalers:** We are at your service to assist with details for F.O.B. ordering and carry small stocks for your convenience.

AGENTS:

**DORMAY CO. PTY. LIMITED**

46 Alfred Street, Milson's Point, N.S.W.

## VICTORIA—Continued

To Mr. B. Wallace and Mr. M. W. Allen, notifying them of appointment as demonstrators in chemistry and physics.

To members of Hospital Dispensing Panels, advising that it was not permissible under the National Health Act to allow any discount on the 5/- fee for Pharmaceutical Benefits.

From the Director of Finance, advising that the Government Guarantee of overdraft at the National Bank in connection with the finance of the new College had been delivered. An appropriate letter of thanks was sent.

To Mr. K. G. Attiwill, conveying the good wishes of Council on his retirement from the office of Director of Pharmaceutical Public Relations.

From Mr. B. Haigh, formerly Manager of Sigma Co. Ltd., expressing thanks for messages received and friendly relations enjoyed over many years.

To the Architects, expressing concern at the slow progress in completing the new College building.

To two members, enclosing letters of introduction to the Secretary, Pharmaceutical Society of Great Britain.

From the family of the late Charles T. Braithwaite, expressing thanks for letter of sympathy.

From Parke-Davis and Co., forwarding tiepins for presentation to winners of Parke-Davis prizes.

**New Members.**—The following new members were elected: Betty Stone Evans, Muriel Iris Gould.

**Fellows.**—The following, all of whom had passed the necessary examinations for election as Fellows, were duly elected: Renee Alicia Jarvis, Kok Chaing Khoo, Jacqueline Shun Yin Leung, James Alfred Motchett, Geoffrey Malcom Oscar, Peter John Tuohy, Jack Yow Fook Wong.

**Library.**—The Honorary Librarian, Mrs. Crawford, drew attention to a number of books which were on the table. These had been purchased for addition to the library, in accordance with a resolution of the Council at a previous meeting.

Mrs. Crawford also reported that a number of book had been received from W. Ramsay (Surgical) Pty. Ltd. These were part of the contribution of £500 worth of books promised by that Company and appropriate thanks had been conveyed to the donor.

Books donated by Mr. David Sissons and Mrs. D. Bull were tabled and it was resolved that letters of thanks be sent to these two donors also.

Mrs. Crawford introduced the question of providing text books and reference books in the library for use by students who may require them, and it was resolved that a limited number of copies of the various reference books be obtained for the library.

**Dose Book.**—Mr. Hull reported on progress made with checking the proofs for the Dose Book and indicated that the task would be completed at an early date.

**Intermediate Examination.**—Mr. Oxley reported that he had attended the Conference of Intermediate Examiners during the month and gave details concerning passes, partial passes, failures, etc. The pass rate was about 37 per cent. Of the candidates who presented themselves, 50 had failed to complete the examination, and would not be permitted to proceed to Fourth Year. Some of the results were very disappointing. Mr. Oxley said he was much impressed with the very careful consideration given to every candidate by the individual members of the examining board.

The Council had before it a letter from one student who had failed in Inorganic Chemistry, and had been advised that he could not proceed to Fourth Year. He asked for reconsideration and gave reasons for the request. After full consideration it was resolved that the application be not granted.

**Council Election.**—The Secretary reported that approximately 900 ballot papers had been returned. The Returning Officer, Mr. J. I. Richards, would attend at 10 a.m. on March 3 to conduct the poll, and the results of the election should be known by 5 p.m. on that day. Report noted.

**Executive Meeting.**—A report of a meeting of the Executive, held on February 16, was read by Mr. Baird. The report included a recommendation regarding classification of salaries of teaching staff for the year 1960. The report was received and adopted.

**Meeting With the Guild Executive.**—The President reported that members of the Executive met representatives of the State Branch Committee of the Guild during the month. A report from the Guild concerning the proposed course in Pharmaceutical Merchandising was considered in conjunction with suggestions which arose from the offer of the Vick Co. to endow a course in Pharmacy Administration. Certain recommendations were discussed and it was resolved that the question be left in the hands of the Executive for report back to the Council.

**Hospital Dispensing.**—The Secretary reported that several inquiries had been made by panel chemists in regard to the collection by hospitals of the 5/- N.H.S. fee. Inquiries had been made from the Federal office of the Guild and it appeared that it would be illegal for a person to allow any discount for the collection of the fee. A notice to this effect had been sent to all chemists on Hospital Panels administered by the Council. The Council directed that the matter be given wider publicity by publication of a suitable note in the Bulletin.

**Prize Lists.**—An offer by W. Ramsay (Surgical) Pty. Ltd. of an annual prize of £12 in the subject of Biology was received. The Secretary said the Dean had recommended that this offer be accepted. The Council agreed and resolved that a suitable letter of thanks be forwarded to the manager of W. Ramsay (Surgical) Pty. Ltd.

**Opening of 1960 Session.**—The Council gave further consideration to the date of the opening of the 1960 Session of the College. It was resolved that this be held at 11 a.m. on Thursday, April 21. It was agreed that an invitation to deliver the Inaugural Address and present the prizes be sent to the Honourable the Minister for Health.

**Proposed Course in Handling of Radio-Active Isotopes.**—The Secretary reported that the Joint Committee of representatives of the Council and the Society of Hospital Pharmacists met on February 18. A further meeting was to be arranged, at which the Director of the Peter MacCallum Cancer Institute would be present to offer advice on the proposal.

**Financial.**—The Honorary Treasurer submitted the monthly financial statement, and accounts totalling £5916/7/9 were passed for payment.

The meeting terminated at 12.35 p.m.

### THE P.D.L.

### Directors' Meeting

The 419th meeting of the Directors of Pharmaceutical Defence Ltd. was held at 18 St. Francis Street, Melbourne, on March 16, at 9.45 a.m.

**Present:** Mr. E. W. Braithwaite (in the Chair), Messrs. I. H. Barnes, W. J. Cornell, N. C. Cossar, D. A. Lees, N. V. Orr, J. W. Pollock and the Secretary.

**Correspondence:** Formal correspondence was tabled and the following were amongst the letters dealt with:—

To Mr. A. Y. S. Wilson, of Nyah West, forwarding copy of the leaflet, "Investigation of a Business," as reprinted for inclusion in the booklet, "On Going into Business."

To Mr. John Orr, Australian Sales Manager, Biologicals Section, I.C.I.A.N.Z. Ltd., inquiring whether it would be possible for an officer on the staff of his com-



## VICTORIA—Continued

pany to prepare an article or series of articles for publication in "The Australasian Journal of Pharmacy" dealing with the drenching of sheep and cattle in a way that would clearly show the normal dosage of the products more frequently used, and the dangers attendant upon an overdose. Reply advising that Mr. Orr had arranged for the Senior Veterinary Officer of I.C.I. to prepare the article, but there would be some delay until the officer referred to returned from Western Australia.

Dealing with the provision of veterinary service generally in Victoria, the Chairman said "The Herald" had published on March 9 a tabulation showing the number of veterinary surgeons in Great Britain and in Victoria, in relation to the livestock to be serviced in both countries. This information would be useful to have on the files.

From Mrs. A. J. Rushbrooke & Sons, Geelong, advising that the business at 149 Pakington Street, West Geelong, would be taken over by Mr. Harold E. Taylor on March 12. Mr. Taylor had also notified his purchase of this pharmacy and inquired for information dealing with general insurances. This had been forwarded to him and Melbourne Fire Office Limited had been in touch with Mr. Taylor by telephone on two occasions, arranging the necessary covers.

"Adequate Insurance is Vital in All Business."—The Secretary reported that in the course of the month he had disposed of some queries made at the February meeting, and the leaflet was now in course of being printed.

The correspondence was received.

**New Members Elected.**—Mrs. Pamela Ann Royle, Mentone East; Messrs. George M. Batchelor, Frankston; Alfred R. Boddinar, South Melbourne; Zane J. Golding, Prahran; Leslie A. F. Grant, Carlton; Gursansky, Peter G., Dandenong; Raymond D. Joseph, Richmond; Phillip S. Mylecharane, Irymple; Harold E. Taylor, North Geelong.

**Legal Advice.**—Two inquiries were handled during the month. One concerned a lease and the other dealt with payments due to a manager.

**Claims.**—Negotiations were proceeding on a number of claims already reported.

A claim reported from another State had its origin when a member was called upon to render first aid to a lady whose ear had been cut by scissors during hair-dressing by her fiancé. The patient had tried unsuccessfully to find a doctor. When they went to the chemist he applied Friar's Balsam; but, as this did not stop the haemorrhage, he applied tincture Tr. Ferri Perchlor on cotton wool and strapped this on with plaster. On the evening of the same day the patient reported that there had been no further bleeding and that the ear felt comfortable. Two days later, on the chemist's instruction, the patient visited the doctor to have the application removed. It was claimed that the ear and neck would require plastic surgery to repair the damage allegedly caused by the Tr. Ferri Perchlor.

The Chairman said it would be perhaps helpful to the Local Board to have a copy of the information obtained from a doctor last year concerning another case that arose from the use of Tr. Ferri Perchlor.

Mr. Lees suggested that the dangers attendant upon the use of Tr. Ferri Perchlor on open wounds should be brought to the notice of chemists generally by a warning paragraph in the Journal. Mr. Pollock said chemists, in puncturing ears for the fitting of earrings might use Ferri Perchlor if there was a haemorrhage, and there would be dangers associated with this practice.

**Articles of Association—re Managers and Relievers.**—At the request of the Chairman, the Secretary read the

correspondence with the P.D.L. Solicitor, Mr. Maxwell E. Dunn.

In the course of discussion, Mr. Orr intimated that, at the present time, the New South Wales Local Board was opposed to the admission of managers and relievers in that State. He had been furnished with a copy of the correspondence just read by the Secretary, and he placed the letters before the New South Wales Local Board. They passed a resolution that they would not proceed with this matter at present.

The other members of the Board felt that the alterations should be proceeded with. The Chairman said he thought it might save extensive consequential alterations in the text of the Articles if definitions of "Member" and "Associate Member" were included in the articles. The duties of the company's Solicitor or a Branch Solicitor in the event of a conflict of interest should be defined; as, for example, if both a member and his employee—an associate member—were proceeded against concurrently, arising from the same incident. In those circumstances he thought the responsibility would be placed on P.D.L. to find alternative legal assistance for the associate member. Action by way of assistance to an assistant or a manager would still be subject to the separate discretion of the Directors and the Local Boards.

Mr. Barnes moved that it is desired that the Articles of Association be altered to form two classes of membership, namely, full members and associate members, the entrance fee payable by an associate member to be £1/1/- (as for full members) and the subscription payable by an associate member to be 10/6, instead of £1/1/- payable by a full member at present. The motion was seconded by Mr. Cossar and carried, and the Secretary was instructed to refer the matter to the Solicitor for further comment.

**Financial.**—The Hon. Treasurer presented the monthly financial statement, which showed a credit balance of £573/19/-. Accounts totalling £266/19/5 were passed for payment. A progress report on investments was placed before the meeting and received.

The meeting closed at 12.40 p.m.

### THE GUILD

### S.B.C. Meeting

The State Branch Committee of the Victorian Branch of the Guild met at Guild House, St. Francis Street, Melbourne, on March 1, at 8 p.m.

**Present.**—Mr. N. F. Keith (President), Messrs. F. H. Bedford, K. L. C. Davies, J. W. D. Crowley, E. Scott, J. T. De Ravin, J. K. Gosstray, G. Carter, G. W. Siebler, R. Grinlington, C. M. Waters, A. W. Cocking, H. Marks, A. O. C. Blake, H. C. B. Henshall, J. Scown, C. McLeod, J. D. Clarke, J. F. Oaten, A. L. Anderson, A. K. Lloyd, J. H. Weymouth, Miss R. MacGillivray and W. J. Wright (Secretary).

**Meeting With the Society.**—The Chairman reported that the Executive had met the Executive of the Pharmaceutical Society and discussed the subjects "Pharmacy Administration" and "Scott-McGibbony Scholarship." It was reported that the Guild's ideas on the lectures were acceptable, but would be carried out over a longer period than suggested; also it was proposed that some person should be put in charge of the subject. With regard to the Scott-McGibbony Scholarship it was reported that this was left for further discussion by the Guild, the Society agreeing to include on this year's syllabus "Details to be announced."

**Special General Meeting.**—The Chairman reported on this meeting, advising that a statement had been given to the "Sun" and the "Age", but neither newspaper

## VICTORIA—Continued

printed the statement, although the report did appear in a Sydney paper.

**H.B.A.**—A letter from Mr. J. R. Oxley was read, setting out the action taken following complaints that insufficient information on the new schedules had been given to agents; this stated that detailed information had now been despatched to all chemist agents.

Mr. Lloyd requested that the Executive report to the S.B.C. about the liability of H.B.A. and similar agencies towards money in agents' hands.

**Commonwealth and Dominion Agencies.**—Correspondence concerning retail distribution of Fortigen was read. On Mr. Henshall's motion, seconded by Mr. Lloyd, a decision was made that the company be requested to place the line on the "Chemist Only" section of P.A.T.A.

**A.M.C.A.L.**—Action and correspondence arising out of Amcal decision to cut the price of Palmolive Soap was reviewed. It was moved and seconded that the action taken by the Executive be approved. The motion was put to the vote and carried.

Discussing this matter, one member said that two chemists in his district rang Colgates, in his presence, and were advised, when they asked for the Amcal parcel, that it would be supplied reluctantly.

It was moved that a protest be sent to Colgate-Palmolive, Sydney, for supporting, after having had consultation with the Victorian Branch of the Guild, the action of a section of Victorian chemists in cutting the price of one of its products. This motion was seconded and carried.

It was suggested that the support of Amcal chemists be sought in not entering into such arrangements in the future.

It was moved that a letter be sent to the Amcal Board, asking them to support Guild policy on price maintenance. This motion was seconded and carried.

It was moved that the Executive explore ways and means of inserting in the State By-laws a by-law allowing action to be taken against individuals or groups who cut prices. This motion was seconded and carried.

It was moved that the whole matter be ventilated in "Gilseal News," with emphasis on the reaction of Colgate-Palmolive, the reaction of Amcal and the attitude of Amcal members. This motion was seconded and carried.

**Federal Report.**—Mr. Scott, reporting on the result of the plebiscite on the N.H.A. agreement, said that 71.5 per cent. of members had voted, the majority for was 82.4 per cent.; in Victoria the voting was 70 per cent. for and 30 per cent. against, and in the other States roughly 90 per cent. for and 10 per cent. against.

Mr. Scott said that now that the Commonwealth had expressed its viewpoint on this, it was up to pharmacy to forget the indignities of the past and to carry on with the plan and try to make it work. He added that he had protested to Canberra about the bad timing of the receipt of amendments, and Canberra had asked him to tell tonight's meeting that the Commonwealth Government will recognise any goods bought during February, and chemists should ask for payment on the basis of prices paid until the new prices become the accepted prices.

He said that the Federal Secretary, Mr. Norman Keith, and Mr. Keith Thomas were going to Canberra to sit in for two days with the Health Department to thrash out all the questions unanswered and those which are at present causing confusion. Details arising out of this would be sent to all members.

He reported that he had sent a number of F.S. Dispensary advertisements to the Minister, and asked for action to be taken, as the Minister had assured him he will listen to genuine complaints.

Mr. Cocking raised the question of "availability of brands" and Mr. Scott replied that this could be left until the three representatives visited Canberra.

Another member reported that all F.S. Dispensaries intended to charge 5/- to non-members and had been instructed to do so, and it has been left to each individual dispensary to fix its own charge of members, but all would charge at least 3/- because of their financial position.

Mr. Davies moved that a series of questions be prepared on data which is required from members concerning the collection of the 5/- fee. This motion was seconded by Mr. Siebler and carried.

Mr. Blake suggested that the State Office cause to have printed receipt forms for 5/-, to be made available to members.

The motion concerning the "Revocation of Approval" forms brought over from the last meeting was carried.

Referring to the General Branch Meeting on Saturday night, February 27, Mr. Blake moved that the President be congratulated for the way he conducted the meeting. Miss MacGillivray seconded this motion, which was carried with acclamation.

**District Reports: Wages.**—The District Delegate of District No. 23 asked for information on the wages of trainees under the new curriculum. Mr. Crowley reported that these wages had not yet been set. Mr. Crowley moved that the Committee approve the Wages Board Committee having a conference with the Assistants' Guild to discuss wages for trainees. This motion was seconded and carried.

**H.B.A.**—The delegate moved that on account of rises in Hospital Benefits Association's weekly contributions, a move be made to have the 10 per cent. discount payable on monthly quotas increased from £200 to £300. This motion was seconded and carried.

**Special C.S.L. Items.**—The delegate moved that the views of C.S.L. be obtained to the suggestion that where the supply of special items such as Pig. Insulin have to be obtained specially from C.S.L. Laboratories, freight charges be absorbed by C.S.L. and not by the chemist. This motion was seconded and carried.

**Executive Report.**—The Executive Report as contained in the minutes of Executive meeting held on February 10, were confirmed on the motion of Mr. Lloyd, seconded by Mr. Scott.

**P.A.T.A.**—Mr. Lloyd moved, and Mr. Henshall seconded a motion that P.A.T.A. subscriptions be included on the Guild account. Mr. Scott would not support this proposal. Mr. Bedford expressed the Executive viewpoint, and as a result the motion was withdrawn by mover and seconder.

**Pricing Committee Chairman.**—Mr. Grinlington was nominated by Mr. Scott. Mr. Crowley seconded the nomination, and Mr. Grinlington was elected.

**Federal Award.**—Mr. Blake moved, and Mr. Clarke seconded, a motion that the S.B.C. strongly support the Executive proposal that Federal Council seek a Federal Award for pharmacy.

**Publicity and Merchandising Committee Report.**—Mr. Bedford reported on the decisions of the meeting of the Committee set out in the minutes of February 17.

**Animal Health Month.**—Mr. Bedford gave an outline of the action taken to date, advising that every manufacturer of veterinary products had been contacted and that country pharmacists had been asked to support the drive. He stated that it was hoped to boost sales throughout retail pharmacy.

**New Members Elected.**—Mr. A. L. Grant, Carlton and Mr. R. D. Joseph, Richmond.

**Re-entered.**—Mr. J. L. Blyth, W. Brunswick and Messrs. R. E. P. John and D. R. Coates, Somerville.

in the treatment  
of many infections  
penicillin is  
the most satisfactory  
antibiotic, and when  
systemic penicillin is  
indicated the surest,  
simplest prescription is  
'DISTAQUAINE' V

PENICILLIN V FREE ACID

*Presentation*

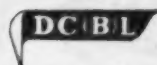
Scored tablets containing 60 mg., 125 mg., and 250 mg.

All strengths are available as a First Schedule N.H.S. Benefit Number 116.



*Sole Distributors*

THE BRITISH DRUG HOUSES (Australia, Pty.) LTD.,  
250 Pitt Street, Sydney.



*Manufactured in Australia for*

THE DISTILLERS COMPANY (Biochemicals) LIMITED,  
London & Liverpool owners of the trade mark 'Distaquaine'

PPO 8A/518

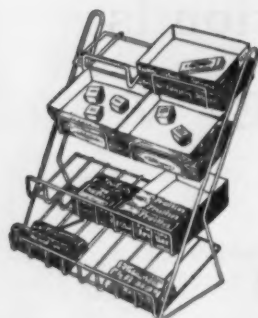


# What a Difference It Makes When You Fill It Up!

*WHETHER IT'S A PICTURE FRAME ...*



*OR YOUR DISPLAY OF CONFECTIONERY AND CHEWING GUM*



To get more volume on confectionery and chewing gum

**Keep plenty of your fast-selling  
brands on display at all times.**

*It pays to have one  
person regularly  
stock up your  
display stand.*



# It's Here!

the Revolutionary **NEW**

# REGNA

**CASH REGISTER**

THE  
MACHINE THAT  
IS CALLED THE  
RETAILERS' DREAM  
IN 72 COUNTRIES  
THROUGHOUT  
THE WORLD

**TRADE-IN THAT OUT  
OF DATE CASH REGISTER  
ON THE AMAZING NEW  
"REGNA"**

MEETS EVERY MODERN BUSINESS REQUIREMENT  
STREAMLINED DESIGN—TAKES UP MINIMUM SPACE  
HIGH CAPACITY KEY BOARD—WITH SELECTION KEYS  
7 MODELS TO CHOOSE FROM—THERE'S ONE TO MEET YOUR NEEDS,  
REGNA QUALITY THROUGHOUT INSURES LONG LIFE AND MINIMUM MAINTENANCE.  
ELECTRIC AND/OR HAND OPERATED

Improve your business  
efficiency with the revolutionary  
**NEW REGNA CASH REGISTER**

**LOW IN PRICE  
EASY TERMS  
AVAILABLE**

**POST  
COUPON  
NOW**

Manufactured by  
**J. J. JENSEN**  
INDUSTRIES  
ROSENTHAL, NEW YORK

**TO YOUR NEAREST DISTRIBUTOR**

**Authorised Agents and Service throughout Australia**

N.S.W.—Store Equipment Pty. Ltd., 421 Pacific Highway, Artarmon.  
JB4868-JB5845.  
VICTORIA—Melbourne Typewriter Co. Pty. Ltd., 363 Clarendon Street,  
South Melbourne. MX5662-MX5008.  
QUEENSLAND—Store Equipment Pty. Ltd., 383 St. Paul's Terrace, Bris-  
bane. 5-2437.  
SOUTH AUSTRALIA—Commercial Equipment Co., 221 Morphett Street,  
Adelaide. 51-2239  
WEST AUSTRALIA—Hamor & Co. Pty. Ltd., 10-12 Irwin Street, Perth.  
BA3893.  
TASMANIA—J. C. McPhoe Pty. Ltd., 24 Murray Street, Hobart. 2-2688.

Please forward coloured brochure and full details  
of the REGNA Model that is designed for my  
particular type of business.

MY NAME IS \_\_\_\_\_

MY ADDRESS IS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

**DeWitt's**

*Special  
**BONUS  
PROFITS**  
when you buy  
DeWitt's bulk Parcels*

... and by stocking DeWitt's  
full range of lines you cash  
in on the demand created  
by DeWitt's continuous  
national advertising.

- DeWitt's Antacid Powder  
7/- & 3/6
- DeWitt's Catarrhal Cream .. 2/-
- DeWitt's Man Zan for Piles 4/-
- DeWitt's Antacid Tablets  
3/3 & 1/9

#### **DE WITT'S PILLS**

New Trial Size 3/-

Economy size 8/- Regular size 5/-

In Victoria 8/- and 5/- only

- DeWitt's Little Laxaliver Pills  
1/9

**E. C. De Witt & Co. (Aust.) Pty. Ltd.**

125 HIGH STREET, ST. KILDA, VICTORIA



# ANNOUNCING FIRST NEW EDITION IN 8 YEARS

## available soon **THE MERCK INDEX**

### SEVENTH EDITION



- almost 50 per cent larger
- expanded reference tables
- improved cross-indexing system
- 10,000 new entries

Completely revised from cover to cover, the new MERCK INDEX contains more than 1,600 pages covering nearly 10,000 descriptions of individual substances, more than 3,300 structural formulas, and approximately 30,000 names of chemicals and drugs, alphabetically arranged and cross-indexed.

A special section lists more than 400 organic "name" reactions with original and review references, together with a description and structural representation of each reaction. Encyclopedic information about the thousands of listed chemical entities includes sources, physical properties and structures, bibliographical references, and medical or veterinary uses in appropriate cases.

An outstanding feature of the new MERCK INDEX is the separate cross-index, arranged to enable the user to find any substance or compound, whether it is known to him by its systematic chemical, generic, common, brand or trade name, and to guide him by page and number to the proper monograph.

In every way, the new MERCK INDEX is larger and more complete than any previous edition. There are 10,000 more listings of chemicals and drugs—400 more pages—1,300 more structural formulas. Other completely new features include tables of chromatographic adsorbents, calories in foods, biological units, saturated solutions, prescription notations, and a Russian alphabet. Greatly expanded are the tables of temperature conversion, weight of liquids per gallon, radioactive isotopes, and first aid in poisoning.

First published in 1889, THE MERCK INDEX has acquired through the years a reputation as the most useful and reliable technical reference work of its kind. Bound in moisture-proof Sturdite, in page size 7 $\frac{1}{4}$ " x 9 $\frac{1}{2}$ ", and containing 1,600 pages, the new volume is clearly printed on strong English-finish paper.

**Order from your technical book dealer today**

Published by  
**MERCK & CO., INC.**  
Rahway, New Jersey, U. S. A.



Merck Sharp & Dohme International  
Division of Merck & Co., Inc.  
100 Church Street, New York 7, N. Y., U. S. A.

EN-40000



# **FOR REALLY FAST RELIEF**

from headache and all pain  
recommend

## **VINCENT'S A.P.C.**

Powders and Tablets

Vincent's A.P.C. powders and tablets provide positive, safe relief from the pain and discomfort associated with—

Headache

Rheumatism

Lumbago

Sciatica

Neuritis

Neuralgia

Laryngitis

Tonsillitis

Nerve and Muscular Pain

Backache

Earache

Toothache

Sleeplessness

Influenza

Colds

Sore Throat

**RECOMMEND  
VINCENT'S A.P.C.  
POWDERS AND  
TABLETS WITH  
CONFIDENCE**



## WE'RE CHANGING OUR NAME . . .

from Group Laboratories to Beecham (Australia) Pty. Ltd. on April 1st. We are part of the world-wide Beecham Group, their research is the basis of our manufacturing and directs the introduction of new and needed products. In Australia we produce Brylcreem and Silvikrin Hairdressings, Silvikrin Shampoo, Macleans Tooth Paste and Eno "Fruit Salt".

## BEECHAM (AUSTRALIA) PTY. LTD.



**GROUP LABORATORIES**

**BETTER HEALTH THROUGH INTERNATIONAL RESEARCH**

GL AUS.1/60



# WHATEVER YOUR NEED

**ADDING MACHINES**

**BOOKKEEPING MACHINES**

**OR DUAL PURPOSE**

**ONLY CHARTRES SELLS ALL!**

**A**

**Simplified  
12-key operation**

10 manual and electric models.  
All capacities from 9999.19.11.  
to 99,999,999.19.11.

Models from £69-10-0  
with direct subtraction

**D**

**Full keyboard  
operation**

14 manual and electric models.  
All capacities from 99.19.11.  
to 9,999,999.19.11.

**D**

**Simplified  
12-key operation**

All models with direct subtraction,  
with or without Credit Balance and  
second accumulating register.

Models from £278

**O**

**Automatic  
bookkeeping**

Magic one-key operation and  
"thinking" function selector. The  
easiest to learn and the easiest to  
use machine ever designed.



**.... is the answer... call now!**

**CHARTRES**  
AUSTRALIA

SPECIALISTS IN OFFICE EQUIPMENT FOR OVER 60 YEARS  
SALES and SERVICE IN ALL STATES



**"CHEMISTS ONLY" PHARMACEUTICALS**  
**FROM**  
**Edinburgh Laboratories**

**NATIONALLY ADVERTISED EVERY MONTH**

# **Lantigen**

**ORAL VACCINES**

**Lantigen B**

For Catarrh, Bronchitis, Bronchial  
Asthma, Sinus and Antrum infections  
and Recurrent Colds.

**Lantigen C**

For Rheumatism, Neuritis, Sciatica,  
Lumbago and Fibrositis.

**Lantigen E**

For Hayfever and Asthma.

**Edinburgh**  
***Camphor***  
**CREAM**

For healing work-worn and  
"Detergent Hands" and the  
soothing relief of Sunburn.

**F"99"**

For Baby Eczema, Leg Ulcers,  
Eczema, Psoriasis, Boils, Carbuncles.

**Edinburgh**  
**COLD TABLETS**

For Colds and 'Flu.

**EDINBURGH**  
**COUGH MIXTURE**

For Coughs and Colds.

Products of

**Edinburgh Laboratories (Australia) Pty. Ltd., 103 York Street, Sydney.**

Representatives: **Victoria:** Edinburgh Laboratories Pty. Limited, Askew House, Lonsdale Street, Melbourne. **Queensland:** Edinburgh Laboratories, 42 Grenier Street, Valley, Brisbane. **West Australia:** Clayden & Carpenter Pty. Ltd., 144 William Street, Perth. **South Australia:** Edinburgh Laboratories (Aust.) Pty. Ltd., Naval Memorial House, 23-25 Peel Street, Adelaide. **Tasmania:** All "Chemists Only" wholesalers. **New Zealand:** Sole Distributors, Fluenzol Pty. Ltd., Thorndon Quay, Wellington.

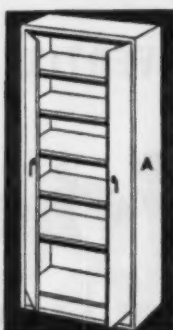
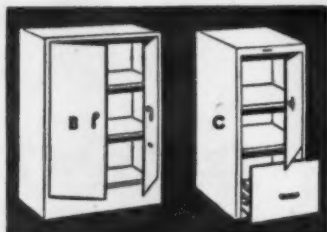
**Safety  
first!**

For very definite reasons, all drugs—dangerous or not—should at all times be kept safely out of harm's way . . . behind locked doors. Steelbilt provides your safest solution.

## ARE YOUR DRUG STOCKS SAFE AND SOUND UNDER LOCK AND KEY?

**A. STEELBILT SECURITY CUPBOARD.** A large double-door steel cupboard with interior shelves which are easily adjusted up or down to provide maximum storage flexibility.

**B. STEELBILT EXECUTIVE CUPBOARD.** A handsome unit which also acts as a light safe. Supplied with 2 shelves—extras available.



**C. STEELBILT PERSONAL EXECUTIVE CUPBOARD.**

A strong, secure cupboard which provides a storage space plus a filing drawer which are both secured with the one lock.

All Steelbilt cupboards are strongly made of best quality materials and are dust and vermin proof and fire resistant. Colours are Steelbilt Grey, Green and Tan. Contact the Steelbilt Division of Wormald Brothers in your State for complete information.

## STEELBILT

A good name to go BUY!  
A WORMALD BROTHERS INDUSTRY



SS.139A.HP

# ZEAL'S

## CLINICAL THERMOMETERS

*...finest in the world...*

ESTABLISHED 1888

UNSURPASSED for quality, ACCURACY and rapid registration.

EACH INSTRUMENT supplied with certificate of guarantee.

THE MAGNIFYING LENS AND THE SPECIAL INDEX GUIDE ENABLE THE THERMOMETER TO BE READ WITH EASE.

EACH INSTRUMENT SUPPLIED IN INDIVIDUAL CASE.



Domestic thermometers

All types of engraved stem and enclosed scale thermometers.

Metal cased thermometers for industrial purposes.

All types of specific gravity, density and arbitrary scale hydrometers.

**ZEOL**

### REPRESENTATIVES:

Australia: ARTHUR BAILEY Pty. Ltd.  
The Banking House, 228 Pitt Street, Sydney.  
New Zealand: J. L. GARRARD & SON Ltd.  
104-108 Dixon Street, Wellington.

Branches at:

48 High St., Auckland; 82a Cashel St., Christchurch

## G. H. ZEAL LTD.

LOMBARD ROAD, MORDEN ROAD, LONDON, S.W.19  
ENGLAND

Cables: Zealidom, London



## WEIGHING SCALES FOR HIRE/FOR SALE

### SPECIAL

To Arrive  
Shortly.  
ENGLISH  
"PRECISION"  
Clock Dial  
Baby Scales  
(20 lb. cap.)  
No weights  
or balancing

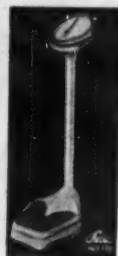
£13-19-6



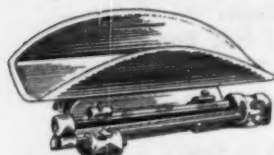
BOUSCHE  
£95



AVERY  
£167/10/-



"SECA"  
Free Weigher  
£38/15/-



"SECA" BABY SCALES  
22 lb. capacity £12/7/8

These scales and many  
others available on weekly  
hire, or percentage de-  
pending on location, also  
for sale from £45.

"SECA" Bathroom Scales  
£7/2/6

## LEVENSON SCALE CO. PTY. LTD.

226 Pitt Street, Sydney. Phone: BM 2525-6-7  
Telegrams: "Leveradioh", Sydney



*Special  
scientifically balanced*

## VAGINAL ANTISEPTIC TABLETS

DEODORANT — PROPHYLACTIC

*for effective  
intimate feminine hygiene*

Packed in tubes of 12 tablets  
WHOLESALE PRICE 42/- per dozen tubes, plus tax  
Reliably known to Australian market for 25 years

OBTAINABLE FROM ALL WHOLESALE  
G. ARNOLD & CO. PTY. LTD.

44 DICKSON AVE., ARTARMON, N.S.W. Phone: JF 4311.

## Text Books for Pharmacists

Published by

*The*  
**CHEMIST AND DRUGGIST**  
LONDON

### ART OF DISPENSING

A treatise on the Methods and Processes involved.  
(12th edn.) 31/8; Post 1/8.

### THE CHEMISTS' VETERINARY HANDBOOK

A survey of modern methods in Veterinary medicine,  
including diseases and treatment. £21/1/6; Post 1/11.

### DISEASES AND REMEDIES

Ninth edition, completely rewritten. A concise survey  
of most modern methods of medicine. 22/6; Post 11d.

### CHEMISTS' DICTIONARY OF MEDICAL TERMS

7th edition. Dictionary is intended primarily for use  
in the daily work at the average pharmacy. 26/3; Post 1/3.

### CHEMISTS' DICTIONARY OF SYNONYMS (New edn.)

Incorporating Rouse's Synonyms for the use of  
Chemists, their assistants and apprentices. 12/9; Post 11d.

### C. & D. REFRESHER COURSE FOR PHARMACISTS

(New edn.)  
Compiled by Colin Gunn, B.Pharm., Ph.C. Based on  
the needs of pharmacists who finished their studies  
prior to 1951-2. 11/3; Post 5d.

### THE PHARMACY OF SILICONES

The silicones are a chemical revolution. Pharmaceu-  
tically they have proved their value in routine tech-  
niques. 22/8; Post 11d.

### FITTING OF TRUSSES AND ELASTIC HOSE

6/9; Post 5d.

### MODERN COURSE OF PHOTOGRAPHIC STUDIES

11/3; Post 8d.

### PHARMACEUTICAL EMULSIONS & EMULSIFYING

AGENTS  
(By L. M. Spalton, B.Pharm., M.P.S.) 15/6; Post 11d.

### PHARMACEUTICAL FORMULAS, VOL. I

12th edition, revised and extended, includes descrip-  
tion of practical methods employed in the manu-  
facturing of pharmaceutical preparations, with other  
information of use to pharmacists and manufacturers.  
56/3; Post 2/8.

### PHARMACEUTICAL FORMULAS, VOL. II

11th edition. Standard reference book presenting a  
comprehensive summary of vital pharmaceutical  
interest. 65/3; Post 2/8.

### ESSENTIALS OF TREATMENT

A valuable companion to "Diseases and Remedies"  
Includes detailed information on the most recent  
trends in treatment of diseases of the digestive and  
excretory systems, respiratory system, liver, kidneys,  
thyroid, heart, ear, eye, skin; of diabetes, bacterial  
infections, burns and scalds, allergic conditions.  
Describes application of pharmacy to surgery. Pub-  
lished in response to numerous requests. 28/3; Post 1/2.

### TABLET & CAPSULE IDENTIFICATION GUIDE

Set 6 cards eyeletted and corded for hanging.  
18/9; Post 2/5.

*Kindly send remittance with order.*

Please add exchange to country and interstate cheques.

## TRADE PRESS PTY. LTD.

19 Queen Street, Melbourne



# "VIC" B.P.C. CREPE BANDAGES

**"Vic" B.P.C. Crepe Bandages**  
**"Elvic" Crepe Bandages**  
**"Rayvic" Crepe Bandages**  
**"Crevic" (flat type) Crepe Bandages**  
 Are British made, of traditional British quality.  
 Will not fray or unravel at the edges. Provide  
 necessary support, yet yield to every movement.  
 Healthy and comfortable to wear.  
 Allow free circulation.  
 Manufactured in 2 in., 2½ in., 3 in., 3½ in., and 4 in.  
 widths.  
 Give customer satisfaction and repeat sales.  
 Build profits and goodwill.

**BUY "VICS" - SELL "VICS"**

**GROUT & CO. LTD.,**  
 Great Yarmouth, ENGLAND.  
 Australasian Agents: **GREENHALGH'S PTY. LTD.,**  
 Sydney, Melbourne and New Zealand.

**Planned Parenthood** . . . When you are asked for guidance  
 as to means of planning parenthood, you may recommend with complete confidence

## ‘PROVEEN’ Tablets or Jelly

These products, after an analysis in London (Jan. 1957) have received the approval of the world-wide organisation **International Planned Parenthood Federation.**

**PROVEEN** is recommended by the **Racial Hygiene Association of Australia** in all cases where family planning is a medical necessity.

Order your stocks now and gain the advantage of the tablet bonus buy.★

### PROVEEN PRICES:

**Proveen, Complete** (with transparent self-measuring applicator) . . . . . 80/- per doz. **RETAIL, 12/6**  
**Proveen Refills** . . . . . 56/- per doz. **RETAIL, 9/6**  
**Proveen Tablets ★ PACK, 14 to the dozen, 7 to ½ doz.**  
 50/- for 14, 25/- for 7. **RETAIL, 7/10**

### A "Chemist Only" Product

Stocks obtainable from all Wholesalers.

Manufactured for 20 years by **D.H.A. LABORATORIES PTY. LTD., N.S.W.,** for  
**DE VANTA CHEMICAL CO., 65-67 York Street, Sydney, N.S.W.**

# Promote "CHEMISTS' ONLY"

## Piropphen

for repeat sales,  
and better profit.

### PIROPHEN ARE STRONGER

Each Tablet Contains:

Aspirin	5 grains
Phenacetin	5 grains
Codeine Phosphate	1/6 grain

### PIROPHEN

Available in the bright new Red and Yellow Plastic Pack. Sells readily from your counter. 1 dozen Display Outers to promote sales at point-of-purchase.

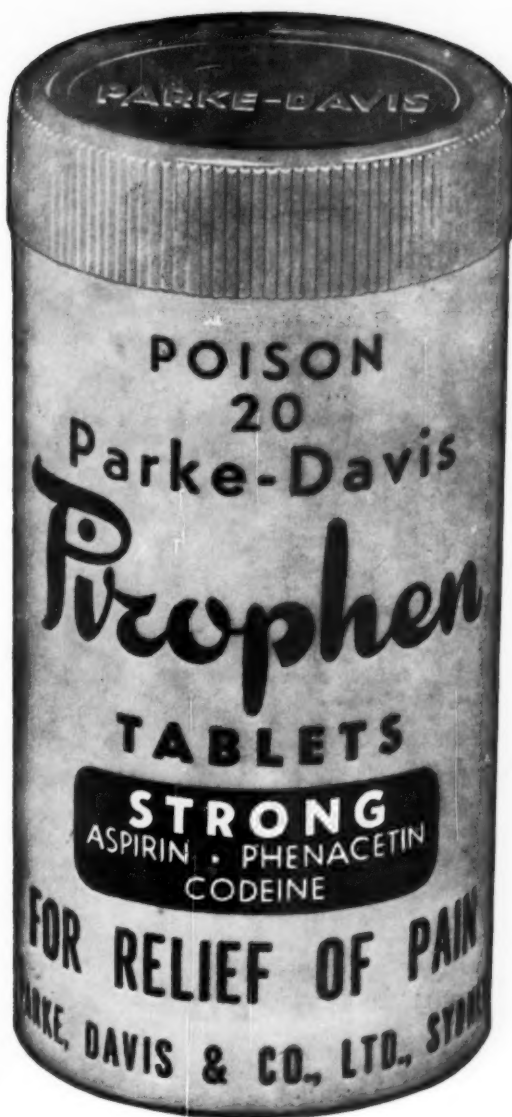
Bigger Profits — More Repeat Sales  
from

# PIROPHEN

## PARKE, DAVIS & COMPANY

(INC. U. S. A.)

S Y D N E Y





## **'Vasylox' Special Bonus Offer brings Big Profits**



*Take advantage  
of the current bonus offer  
available on  
'Vasylox,' the safe,  
effective nasal  
decongestant  
for all the family.*

*Your copy of  
the "B.W. & Co.  
Bulletin" gives  
full details.*

# **'VASYLOX'**

Available in bottles of 1 fl. oz. with  
dropper and Plastic Spray packs of 4 fl. oz.



**A BURROUGHS WELLCOME & CO. "CHEMISTS ONLY" PRODUCT**

